

EXHIBIT 8 –
Declaration of
Medical Director
Michael Minev filed in
Kerkorian v. State of
Nevada, 2:20-cv-
00950

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UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA

GREGORY KERKORIAN, an individual,

Case No. 2:20-cv-00950

Plaintiff,

v.

**DECLARATION OF MEDICAL DIRECTOR
MICHAEL MINEV**

STATE OF NEVADA DEPARTMENT OF
CORRECTIONS (NDOC) *et al.*

Defendants.

I, Michael Minev, hereby declare based on personal knowledge and/or information and belief, that the following assertions are true.

1. I am currently employed by the Nevada Department of Corrections (NDOC) as Medical Director for the NDOC. As part of my regular duties, I oversee inmate health care at each institution within the NDOC system. I am also specifically tasked with implementing medical policy and directives for the NDOC. These policies and directives establish the minimum requirements that must be complied with by medical personnel and staff. However, as these are minimum requirements, and medical professionals are required and expected to use their own medical judgment, each medical professional may exceed these minimum requirements when they believe it is necessary to do so based on their medical judgment.

2. In my capacity as Medical Director for the NDOC, and at the request of Chief Deputy Attorney General D. Randall Gilmer, I attest that I have reviewed the documents previously provided to

1 this Court as part of the Williams lawsuit, which is case number 2:20-cv-00639-RFB-BNW and in which
2 I provided testimony on April 16, 2020.

3 3. For ease of reference, I have attached several of those documents to this declaration as
4 Attachment 1. Specifically, these documents are bates-labeled documents NDOC-COVID000001—
5 NDOC-COVID000019. These documents set forth the policies and procedures that were in place at the
6 time of the filing. They also provide the basic framework for the policies and procedures that are still in
7 place and being enforced.

8 4. In addition to the documents set forth in ¶ 3 and contained herein as Attachment 1, I have
9 also reviewed the documents provided in the Williams lawsuit as Exhibits J, M, and N, which were filed
10 with the Court as ECF Nos. 6–10, 6–13, and 6–14 and 6–15. These documents also accurately represent
11 the policies and procedures put in effect at the time, as well as the guidance from the Center for Disease
12 Control (CDC) that I have heavily relied on in formulating policies and procedures relating to COVID–
13 19. It is my understanding that the CDC Guidance document (ECF No. 6–14 and 6–15) has already been
14 provided to this Court by the Plaintiff, Gregory Kerkorian. I therefore will not reattach that document to
15 this Declaration. The other documents are located in Attachment 2 of this Declaration.

16 5. The CDC Guidance referenced in ¶ 4 is entitled *Interim Guidance on Management of*
17 *Coronavirus Disease 2019 (COVID–19) in Correctional and Detention Facilities*. I have relied on the
18 guidance contained in that document to formulate NDOC’s ever changing policies and procedures
19 relating to COVID–19. However, I note that just as the CDC anticipated when drafting the document, I
20 have had to adapt the guidance contained in that document to fit within the realities of the NDOC system.
21 Specifically, the guidance cannot account for the “physical space, staffing, population, and other
22 resources and conditions” of all correctional institutions—and that is true with regard to the NDOC
23 facilities as well.

24 6. I provided two declarations in the Williams lawsuit, and I again attest to the truth and
25 accuracy of the statements contained in those declarations. However, I also note that due to the passage
26 of time, additional policies and procedures have been implemented, and some policies and procedures
27 have now been better defined.

1 7. As Medical Director, I work closely with Chief of Nursing Wickham to ensure that the
2 COVID-19 protective protocols put in place are being consistently adhered to throughout all NDOC
3 institutions.

4 8. I also work closely with Disease Control Specialist Miguel Forero who is tasked with
5 maintaining proper records, statistics, and scheduling for the implementation of COVID-19 related
6 medical policies.

7 9. As Medical Director, I oversee the screening protocols of all individuals who wish to gain
8 access to any NDOC facility and the medical screening procedures put in place with regard to inmates
9 housed within NDOC.

10 10. The protocols regarding entry into an NDOC facility are not discretionary. They must be
11 adhered to and complied with by facilities. Any failure to adhere to these COVID-19 protective protocols
12 will result in access to the institution being denied. In addition to temperature checks and visual
13 inspection of each potential entrant to an NDOC institution, I have also required that all individuals
14 awaiting screening exercise social distancing, meaning that a minimum of six (6) feet will be maintained
15 between all individuals while they await screening and clearance to enter a facility.

16 11. The screening procedures were implemented at each NDOC institution on March 3, 2020.

17 12. I attest that the protocols I have implemented are used to monitor all inmates within the
18 NDOC. Specifically, every inmate arriving at an NDOC institution has their temperature taken as soon
19 as they arrive onsite. They are also asked whether they have any current symptoms of illness, recent
20 travel, or know of any potential contact with a COVID-19 positive patient.

21 13. The NDOC also requires all inmates transferring into any NDOC facility from outside the
22 NDOC custody, to be medically observed and isolated from other inmates at the institution for a
23 minimum of fourteen (14) days. Each institution has specifically identified locations for these
24 observations. I have been briefed about each of those locations to ensure they comply with my directives
25 and standards relating to the protection of inmates from COVID-19 exposure. During this time, any
26 symptoms that an inmate may have that are consistent with a potential COVID-19 infection, result in the
27 inmate being quarantined from the other inmates until such time as COVID-19 can be ruled out as the
28 cause. At Southern Desert Correctional Center (SDCC), inmates are isolated in Unit 7, which is the

1 quarantine and isolation unit. Any inmate that exhibits symptoms consistent with a potential COVID-19
2 diagnosis are removed from Unit 7 and observed in the medical building until they are symptom free.

3 14. In my previous declarations, I averred that the minimum fourteen (14) day isolation also
4 applied to any inmate transferred from another NDOC facility. I realize that the language used in that
5 declaration did not fully articulate what this policy is, and while the language was corrected on the record
6 during the April 16, 2020 hearing in the Williams case, I want to ensure that there is no further
7 misunderstanding regarding what was meant by that language. In this regard, I note that inter-
8 departmental transfers, which have been drastically curtailed at this time, do not require all transferred
9 persons to be isolated for a fourteen (14) day period. The rationale for this is that the inmate is being
10 transferred from a closed institution to another closed institution. This means their transfer from one
11 facility to another facility—without any outside stops prior to arrival at the new facility—does not increase
12 the likelihood of exposure as a general matter. Of course, if there is reason to believe that any of these
13 inmates may have been exposed during an inter-department transfer, e.g. exposed at the previous
14 institution, the transportation officers may have been exposed, or the inmate had left an NDOC facility
15 for an outside appointment before being transported (and within 14 days), then those inmates would also
16 be isolated to ensure that any potential COVID-19 exposure is contained in the isolation unit.

17 15. I also aver that while the policies this Court has been previously informed of in the
18 Williams lawsuit are still generally in place, I have implemented additional policies in an effort to curtail
19 COVID-19 from expanding its footprint within NDOC facilities. These new or revised policies include:

- 20 a. All inmates have had access to hand sanitizer since April 8, 2020;
- 21 b. Beginning on or around April 27, 2020, I required all staff to begin wearing PPE
22 in all areas of NDOC institutions where inmates are present. This policy expanded
23 on the previous requirement that all medical staff members and members involved
24 in the screening procedures wear PPE;
- 25 c. I have also worked with the Operations Department to recommend a procedure to
26 allow any inmate within NDOC custody who wishes to wear a mask be able to do
27 so. It is my understanding that as of the date of the filing of this Declaration, all
28 inmates at every facility now have them available to them;

- 1 d. N95 mask use is mandatory for correctional officers and staff involved in the
2 transportation of inmates off NDOC grounds for any reason and regardless of
3 whether the inmate is COVID-19 positive or suspected to be positive. N95 masks
4 are also required whenever an inmate is transferred internally if there is any reason
5 to believe that inmate may have been exposed to COVID-19;
- 6 e. Any correctional officer who has tested positive for COVID-19, is not permitted
7 to return to work for *a minimum of fourteen (14) days*. In addition to that minimum
8 fourteen (14) day quarantine, the correctional officer must also provide proof of
9 two COVID-19 negative tests obtained at least forty-eight (48) hours apart from
10 each other and must also have not exhibited any COVID-19 symptoms for at least
11 72 hours. This is in addition to the minimum fourteen (14) day quarantine
12 requirement, which shall be extended until such time as the correctional officer is
13 symptom free for three full days. Finally, each correctional officer must be
14 medically cleared to work by me or my designee before returning to work;
- 15 f. For correctional officers who have not tested positive, but who have been in close
16 contact with a positive COVID-19 patient, those individuals are required to self-
17 quarantine for 14 days and also be symptom free for at least 72 hours, whichever
18 is greater, before returning to work. While these employees are not always
19 required to obtain a negative test before returning to work, like all medical issues,
20 I reserve the right to require a negative test should the circumstances warrant, and
21 each employee must be medically cleared before returning to work;
- 22 g. Inmates who test positive are quarantined either in medical or in a
23 quarantine/isolation unit as determined by medical staff. As of now, none of the
24 six inmates who have tested positive have been released from quarantine, and I
25 continue to evaluate the objective criteria that must occur prior to removing any
26 of these COVID-19 patients out of quarantine and back to general population;
- 27 h. Any inmate who has had close contact with any inmate or correctional officer who
28 has tested positive is also quarantined for a total of fourteen (14) days even if they

1 are be asymptomatic. If the inmate develops symptoms, then the quarantine will
2 be extended and additional medical clearance and evaluation will be necessary as
3 determined on a case by case basis;

4 i. NDOC has also made the policy decision, based on sound medical guidance, to
5 test all inmates and staff. It is my understanding that as of the date of this
6 Declaration, all inmate testing has been completed at High Desert State Prison. In
7 addition, all inmates and staff have been tested at Tonopah Conservation Camp,
8 with one entire wing of inmates already tested at Wells Conversation Camp. I am
9 also aware that testing began at Lovelock Correctional Center and SDCC. It is also
10 my understanding that while wide-spread testing of all inmates has not occurred
11 at all the institutions or camps yet, inmates in the infirmaries at Northern Nevada
12 Correctional Center and Florence McClure Women's Correctional Center have
13 also been tested. And finally, all inmates who fall in one of the following four
14 categories have been tested: (1) chemotherapy patients, (2) dialysis patients, (3)
15 inmates who have had outpatient visits, and (4) those inmates who are pregnant;
16 and

17 j. As Attachment 3 to this Declaration I have included various emails and
18 memoranda either from myself or other members of the NDOC administrative
19 staff that confirm the rapidly changing protocols throughout the nation, and the
20 NDOC's efforts to stay "ahead of the curve" by routinely reminding staff and
21 others of the then-existing protocols as well as the changing procedures and
22 policies and need remain diligent in our efforts to combat COVID-19.

23 16. While these are the general policies and procedures followed, it is important to remember
24 that no particular case is the same. Therefore, I, require a review of all situations on a case by case basis,
25 using these policies and procedures as the framework and guidelines for that review. While deviations
26 may be necessary under certain circumstances, those deviations must be approved by me or my designee,
27 and only in situations that I or the medical team believe to a medical certainty that deviations will not
28 make anyone more susceptible to COVID-19 infection.

1 17. As of the date of this declaration, there have been eight (8) inmates (out of an inmate
2 population of over 12,000) who have tested positive for COVID-19. None of these inmates are housed
3 at SDCC. There have also been thirty-one (31) employees or contractors who have tested positive for
4 COVID-19. Only one of these employees was stationed at SDCC. That employee tested positive on April
5 7, 2020 after not having worked since March 20, 2020—a full seventeen (17) days before the positive test.
6 Because no inmates showed any symptoms then or now of COVID-19 exposure, given the seventeen
7 (17) day absence from work prior to the COVID-19 test, it was not medically necessary to quarantine or
8 isolate inmates who may have had contact with the employee on or before March 20, 2020.

9 18. Based on my training and experience, I have implemented aggressive screening and
10 safeguards at all NDOC institutions that are consistent with the recommendations of the CDC for
11 correctional centers, as adapted to the realities of the NDOC system. I am continually reviewing the
12 guidance of the CDC and other health organizations in order to take any additional steps to safeguard the
13 NDOC population. As the COVID-19 pandemic is rapidly evolving, the steps recommended to both
14 prevent and treat the illness are in a state of flux. Flexibility is needed to ensure that the NDOC is taking
15 all appropriate measures to fight COVID-19 and to limit its introduction into the prison population.

16 19. Due to Mr. Kerkorian's allegations that he is an immunocompromised individual, I was
17 asked by counsel to review Kerkorian's medical records. As these medical records were not provided to
18 this Court by Kerkorian, I contacted the nursing staff at SDCC to request that the medical records be
19 provided to me for review. It is my understanding that in reviewing the medical records, there were no
20 kites or other documentation from Kerkorian requesting a copy of his medical records for purposes of
21 review or to provide to this Court or his counsel.

22 20. My review of Kerkorian's medical records establish that while he has high blood pressure
23 and psoriasis, he is not an immunocompromised individual. Specifically, there is no evidence of
24 Kerkorian having a history of an immunocompromised illness, he denied having any "knowledge of heart
25 problems" as late as November 2019, and his recent physical examination revealed a normal
26 cardiovascular system workup. Based on this medical history, and my knowledge and understanding of
27 the rapidly changing information relating to COVID-19 and comorbidities, Kerkorian's underlying
28 health conditions do not make him more susceptible to COVID-19 infection. Rather, his risk for

1 contracting COVID-19 appear to be the same as any generally healthy seventy-four (74) year old male
2 in his condition.

3 21. To the extent Kerkorian relies on the psoriasis diagnosis as being a comorbidity to
4 COVID-19 risk, it is my understanding that this has not been determined by the CDC, WHO, or any
5 other global health organization. In fact, the National Psoriasis Foundation and International Psoriasis
6 Council even disagree as to whether individuals on psoriasis medication should stop taking it during this
7 pandemic. Here, Kerkorian is not on medication for psoriasis, as his only medication was a recent
8 prescription for 10 mg of Norvasc, which is a medication prescribed to treat high blood pressure and
9 angina. Kerkorian's psoriasis is also limited to dry, crusty, or flaky skin on his legs. This is a very
10 common presentation for individuals who suffer from psoriasis.

11 22. I further note that while high blood pressure is also referred to as hypertension, this is
12 different than pulmonary hypertension, which is a risk factor the CDC has identified. These two terms,
13 hypertension and pulmonary hypertension are not medically the same and should not be used
14 interchangeably. I believe it important to note the difference between these two health conditions as I
15 have been informed that Kerkorian attached an expert report from a physician—which does not reference
16 Kerkorian—that references hypertension as being a risk factor for COVID-19 susceptibility. My research
17 and understanding of both the CDC and WHO guidelines relating to comorbidities leads me to believe
18 that the CDC and WHO do not consider general high blood pressure/hypertension to be a COVID-19
19 high risk factor.

20 23. I declare under penalty of perjury pursuant to 28 U.S.C. section 1746 that the foregoing is
21 true and correct.

22 EXECUTED this 12th day of June, 2020.

23
24 /s/ Dr. Michael Minev*
25 Michael Minev
26 Medical Director,
Nevada Department of Corrections

27 * Pursuant to Temporary General Order 2020-05, entered by Chief Judge Du on March 30, 2020,
28 <https://www.nvd.uscourts.gov/wp-content/uploads/2020/03/GO-2020-05-re-COVID-19-Remote-Hearings.pdf>, Dr. Minev has authorized counsel to affix his electronic signature to this Declaration. If counsel has in anyway misconstrued this Temporary Order, a signed copy of the exact declaration will be provided to the Court upon request.

Attachment 1: Williams Lawsuit 2:20-cv-00639 Documents

Theresa Wickham - Informational Update - Coronavirus

From: Help Desk
To: *.*
Date: 3/13/2020 2:52 PM
Subject: Informational Update - Coronavirus

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From: Christina Leathers
To: Help Desk
Date: 3/13/2020 2:48 PM
Subject: Informational Update - Coronavirus

PLEASE SEND TO ALL EMPLOYEES:

NDOC continues to actively monitor the progress and status of the Coronavirus, to include potential impact to the agency, inmates, contractors and visitors.

The information shared on March 2, 2020, is still relevant and has been provided below.

In accordance with AR 107.2.N, Section XIV, Medical Emergencies, including Infection diseases, please utilize your Emergency Response Manual for institution specific actions.

For quick reference, we have developed for the following protocol:

1. Education - email and prevention posters to employees, inmates, visitors and contractors
2. Continuing Education - Email to staff, N95 mask fittings (for medical team ONLY, as appropriate)
3. Access to clinical face masks (as appropriate), , N95 masks worn by anyone in contact with potential infections for employees, inmates,

NDOC-COVID000001

visitors and contractors access to hand washing with soap & running water for at least 20 seconds, non-latex gloves

4. Contact-surface Sanitation Teams with 10% bleach concentration and make rounds immediately following any outside contact, i.e., visitation, intake areas.
5. Screening of incoming and outgoing employees at shift changes and inmates during train-in/out

Please use the link below to access the CDC poster, *Stop the Spread of Germs*, and post in all areas visible for employees, inmates, visitors and contractors, to include restrooms, housing units and public areas.

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf>

Remember universal precautions and we will continue to communicate updates as appropriate.

Thank you

Christina Leathers

Chief of Human Resources

State of Nevada | Department of Corrections | Human Resources Division

T: 702-486-9923 | C: 702-469-4045 | F: 702-486-9974 | Email: cleathers@doc.nv.gov

Putting the "Human" back in Human Resources

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NDOC-COVID000002

Theresa Wickham - **COVID 19 UPDATE IMPORTANT**

From: Help Desk
To: *.*
Date: 3/13/2020 4:08 PM
Subject: **COVID 19 UPDATE IMPORTANT**

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From: Michael Minev
To: DONS; Executive Staff; Wardens; medical
CC: Miguel Forero; Help Desk
Date: 3/13/2020 4:07 PM
Subject: **COVID 19 UPDATE IMPORTANT**
Dear NDOC Staff,

I would like everyone to know that the health of our entire NDOC staff, their families and our inmates is my top priority during this challenging time. We are continuing to monitor all of our facilities with the most up to date information from the CDC and local health districts.

Please email Miguel Forero and cc Michael Minev and Theresa Wickham IMMEDIATELY if you:
experience flu like symptoms (fever of 100.4 and above, cough, sore throat, muscle aches, etc)
have come in contact with an individual with these symptoms or known COVID 19 infection
and/or you have recently traveled to an area known to have active COVID 19 infections

This will give us an opportunity to investigate and decide on the next course of action in terms of necessary testing and clinical advice. Miguel Forero will keep track of this information and communicate this to executive staff and wardens so we may direct our resources in an efficient manner. I have attached a flyer from the DHHS of Nevada which is a rough guide of the steps we will use in regards to COVID 19 testing if it is needed.

At this time I am strongly encouraging all NDOC employees and their families to do the following until further notice:

- Restricting/cancelling ALL non-essential travel (both domestically and internationally) for both business and personal reasons.

NDOC-COVID000003

- Postponing and/or canceling conferences/events/meetings with large congregations of people.
- Utilizing video/phone conference services instead of in-person meetings.
- Restricting non-essential visitors to the organization.

Remember to take common sense prevention measures, including the following:

- Thorough hand washing with soap and water for at least 20 seconds - hand hygiene is the most effective method to control the spread of many viral illnesses
- Use alcohol-based (contains at least 60 percent) hand rub
- Cover your mouth when you cough or sneeze by coughing and sneezing into your elbow
- Dispose of tissues in a wastebasket
- Clean surfaces that may be contaminated with a disinfectant spray
- Avoid hand-shaking and close contact with people who are sick
- Avoid touching your eyes, nose, and mouth with unwashed hands
- Stay home when you are sick (after you have reported your symptoms as above)
- If you have mild symptoms of illness and you have the capability and prior approval to work remotely, you are encouraged to stay home and work remotely (after you have reported your symptoms as above)

Michael Minev, M.D.
Medical Director
Nevada Department of Corrections
3955 West Russell Road
Las Vegas, NV 89118
Cell: 775-722-8073
Office: 702-486-9937

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Theresa Wickham - Re: **COVID 19 (Coronavirus) UPDATE IMPORTANT**

From: Michael Minev
To: Brian Williams; Charles Daniels; Christina Leathers; DONS; Dwight Ne...
Date: 3/2/2020 2:27 PM
Subject: Re: **COVID 19 (Coronavirus) UPDATE IMPORTANT**
Cc: David Greene; Jennifer Bauer; Linda Fox; Miguel Forero; Ruby Cordero...

Dear Staff

In regards to individuals or inmates with symptoms of suspected coronavirus infection please inquire whether the patient in question has traveled to any of the following level 2 or level 3 countries as specified by the CDC:

Italy level 3
South Korea level 3
Iran level 3
China level 3
Japan level 2

The CDC is constantly updating this list which is available here:

<https://wwwnc.cdc.gov/travel/notices/>

Warning Level 3 (Red): Avoid all non-essential travel to this destination. The outbreak is of high risk to travelers and no precautions are available to protect against the identified increased risk.

Alert Level 2 (Yellow): Practice enhanced precautions for this destination. The Travel Health Notice describes additional precautions added, or defines a specific at-risk population

Watch Level 1 (Green): Practice usual precautions for this destination, as described in the Travel Health Notice and/or on the destination page. This includes being up-to-date on all recommended vaccines and practicing appropriate mosquito avoidance.

Please contact me if you have any questions.

Michael Minev, M.D.
Medical Director
Nevada Department of Corrections
3955 West Russell Road
Las Vegas, NV 89118
Cell: 775-722-8073
Office: 702-486-9937

NDOC-COVID000005

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From: Michael Minev
To: medical; Charles Daniels; John Borrowman; Harold Wickham; Brian Williams; William Quenga; Christina Leathers; Jerry Howell; WILLIAM GITTERE; Dwight Neven; Isidro Baca; Renee Baker; Perry Russell; DONS; Theresa Wickham
CC: Veronica Austin; Miguel Forero; Ruby Cordero; Linda Fox; David Greene; Jennifer Bauer
Date: 2/29/2020 12:03 PM
Subject: **COVID 19 (Coronavirus) UPDATE IMPORTANT**

Dear Medical and Executive Staff,

Please see attached update on COVID 19 (Coronavirus). Please contact me if you have any questions/concerns.

Information regarding COVID 19 (Coronavirus) is very fluid at this time and will be updated frequently.

Michael Minev

Michael Minev, M.D.
Medical Director
Nevada Department of Corrections
3955 West Russell Road
Las Vegas, NV 89118
Cell: 775-722-8073
Office: 702-486-9937

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Theresa Wickham - Informational Communication - Coronavirus

From: Help Desk
To: *. *
Date: 3/2/2020 3:05 PM
Subject: Informational Communication - Coronavirus

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From: Christina Leathers
To: Help Desk
Date: 3/2/2020 3:05 PM
Subject: Informational Communication - Coronavirus

PLEASE SEND TO ALL EMPLOYEES:

NDOC has been actively monitoring the progress and status of the Coronavirus, to include potential impact to the agency, inmates, contractors and visitors.

In accordance with AR 107.2.N, Section XIV, Medical Emergencies, including Infection diseases, please utilize your Emergency Response Manual for institution specific actions.

For quick reference, we have developed for the following protocol:

1. Education - email and prevention posters to employees, inmates, visitors and contractors
2. Continuing Education - Email to staff, N95 mask fittings (for medical team ONLY, as appropriate)
3. Access to clinical face masks (as appropriate), , N95 masks worn by anyone in contact with potential infections for employees, inmates, visitors and contractors access to hand washing with soap & running water for at least 20 seconds, non-latex gloves

NDOC-COVID000007

4. Contact-surface Sanitation Teams with 10% bleach concentration and make rounds immediately following any outside contact, i.e., visitation, intake areas.
5. Screening of incoming and outgoing employees at shift changes and inmates during train-in/out

Please use the link below to access the CDC poster, *Stop the Spread of Germs*, and post in all areas visible for employees, inmates, visitors and contractors, to include restrooms, housing units and public areas.

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf>

Remember universal precautions and we will continue to communicate updates as appropriate.

Thank you

Christina Leathers

Chief of Human Resources

State of Nevada | Department of Corrections | Human Resources Division

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Putting the "Human" back in Human Resources

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NDOC-COVID000008

Theresa Wickham - CDC patient education

From: Help Desk
To: * *
Date: 3/2/2020 2:25 PM
Subject: CDC patient education
Attachments: CDC patient education.pdf

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From: Theresa Wickham
To: Help Desk
CC: Wickham, Harold; Michael Minev
Date: 3/2/2020 2:16 PM
Subject: CDC patient education

Please send to all NDOC employees. It is for their own education as well as patient education. I have added Norovirus as well as Coronovirus as we are seeing cases of Norovirus here in Carson City and I want the employees and inmates to understand the differences between the two.

Thanks for all you do,

Theresa Wickham, BSN, RN-BC, CCHP
Chief of Nursing Services
Nevada Department of Corrections
775-887-3293 (Carson City)
702-879-1392 (Las Vegas Metro area)

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COVID-19

What you need to know about coronavirus disease 2019 (COVID-19)

What is coronavirus disease 2019 (COVID-19)?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

Can people in the U.S. get COVID-19?

COVID-19 is spreading from person to person in China, and limited spread among close contacts has been detected in some countries outside China, including the United States. At this time, however, this virus is NOT currently spreading in communities in the United States. Right now, the greatest risk of infection is for people in China or people who have traveled to China. Risk of infection is dependent on exposure. Close contacts of people who are infected are at greater risk of exposure, for example health care workers and close contacts of people who are infected with the virus that causes COVID-19. CDC continues to closely monitor the situation.

Have there been cases of COVID-19 in the U.S.?

Yes. The first case of COVID-19 in the United States was reported on January 21, 2020. The current count of cases of COVID-19 in the United States is available on CDC's webpage at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>.

How does COVID-19 spread?

The virus that causes COVID-19 probably emerged from an animal source, but now it seems to be spreading from person to person. It's important to note that person-to-person spread can happen on a continuum. Some diseases are highly contagious (like measles), while other diseases are less so. At this time, it's unclear how easily or sustainably the virus that causes COVID-19 is spreading between people. Learn what is known about the spread of newly emerged coronaviruses at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html>.

What are the symptoms of COVID-19?

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of

- fever
- cough
- shortness of breath



CS119917-4 02/21/2020

What are severe complications from this virus?

Many patients have pneumonia in both lungs.

How can I help protect myself?

The best way to prevent infection is to avoid being exposed to the virus that causes COVID-19.

There are simple everyday preventive actions to help prevent the spread of respiratory viruses.

These include

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

If you are sick, to keep from spreading respiratory illness to others, you should

- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

What should I do if I recently traveled to China and got sick?

If you were in China within the past 14 days and feel sick with fever, cough, or difficulty breathing, you should seek medical care. Call the office of your health care provider before you go, and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others.

Is there a vaccine?

There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to avoid being exposed to the virus that causes COVID-19.

Is there a treatment?

There is no specific antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.

For more information: www.cdc.gov/COVID19

NDOC-COVID000010



What is the Right Way to Wash Your Hands?

1. Wet your hands with clean, running water (warm or cold) and apply soap.
2. Rub your hands together to make a lather and scrub them well; be sure to scrub the backs of your hands, between your fingers, and under your nails.
3. Continue rubbing your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
4. Rinse your hands well under running water.
5. Dry your hands using a clean towel or air dry them.

See Handwashing: Clean Hands Saves Lives (www.cdc.gov/handwashing/)

5 Tips to Prevent Norovirus From Spreading

1. Practice proper hand hygiene

Always wash your hands carefully with soap and water—

- after using the toilet and changing diapers, and
- before eating, preparing, or handling food.

Alcohol-based hand sanitizers can be used in addition to hand washing. But, they should not be used as a substitute for washing with soap and water.

2. Wash fruits and vegetables and cook seafood thoroughly

Carefully wash fruits and vegetables before preparing and eating them.

Cook oysters and other shellfish thoroughly before eating them.

Be aware that noroviruses are relatively resistant. They can survive temperatures as high as 140°F and quick steaming processes that are often used for cooking shellfish.

Food that might be contaminated with norovirus should be thrown out.

Keep sick infants and children out of areas where food is being handled and prepared.

3. When you are sick, do not prepare food or care for others

You should not prepare food for others or provide healthcare while you are sick and for at least 2 to 3 days after you recover. This also applies to sick workers in schools, daycares, and other places where they may expose people to norovirus.

4. Clean and disinfect contaminated surfaces

After throwing up or having diarrhea, immediately clean and disinfect contaminated surfaces. Use a chlorine bleach solution with a concentration of 1000–5000 ppm (5–25 tablespoons of household bleach [5.25%] per gallon of water) or other disinfectant registered as effective against norovirus by the Environmental Protection Agency (EPA).

5. Wash laundry thoroughly

Immediately remove and wash clothes or linens that may be contaminated with vomit or stool (feces).

You should—

- handle soiled items carefully without agitating them,
- wear rubber or disposable gloves while handling soiled items and wash your hands after, and wash the items with detergent at the maximum available cycle length then machine dry them.



Visit CDC's Norovirus Web site at www.cdc.gov/norovirus for more information.

Theresa Wickham - **Coronavirus 2020 preparation update IMPORTANT**

From: Michael Minev
To: Executive Staff; Wardens; DONS; medical
Date: 2/29/2020 9:08 PM
Subject: **Coronavirus 2020 preparation update IMPORTANT**
Cc: Veronica Austin; Ruby Cordero; Miguel Forero; Jennifer Bauer; Christophe...

Please read carefully and forward to pertinent staff as appropriate.

CON Wickham and DONS:

I would like a full inventory of protective equipment at all of our facilities to include protective eyewear/face masks and headwear, N95 masks, protective masks, disposable gowns and booties, latex gloves, oxygen tanks, IV fluids, etc. We must be prepared to supply dozens and possibly hundreds of inmates/NDOC staff with this equipment at a moment's notice. This equipment must be accessible to all medical and custody staff in a central location at each of our facilities preferably in close proximity to sinks/showers. Do we have enough protective masks for all inmates at our intake centers? Has every custody and staff member at all of our facilities been fitted for an N95 mask? If not then this must be accomplished IMMEDIATELY. I recommend that all males shave any facial hair that may affect the seal of the masks prior to fitting and until further notice.

DD Wickham and Wardens:

Do we have open areas/units at each of your facilities that may be used to quarantine dozens if not hundreds of individuals with suspected infections? If not are outside tents or makeshift enclosures available to accomplish this task? Do we have enough protective equipment as described above for all of the custody and ancillary staff? All custody and ancillary staff at your facilities will need to arrange for N95 mask fitting. Do we have enough bleach and Cavicide available to completely disinfect every facility in the state? Closing all visitation areas to our facilities may need to be considered.

Miguel Forero:

Has the Southern Nevada Health District provided you with any information regarding COVID 19 testing kits and availability? If we are overwhelmed with suspected infections we will need to have access to a large supply of testing kits. Also are we able to access Influenza A,B rapid testing kits?

I do not want to cause a panic but rather be proactive given the speed with which this virus is infecting our surrounding states and the logistics of our facilities.

I look forward to all of your input and suggestions. Thank you for your tireless efforts during this time.

Michael Minev, M.D.
Medical Director
Nevada Department of Corrections
3955 West Russell Road
Las Vegas, NV 89118
Cell: 775-722-8073
Office: 702-486-9937

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NDOC-COVID000012

file:///C:/Users/twickham/AppData/Local/Temp/XPgrpwise/5E5AD2DEDOC_DomainSte... 3/16/2020

intended recipient(s) or if you have received this message in error, please contact the sender by reply email and permanently delete it.

Theresa Wickham - Fwd: COS MESSAGE: novel coronavirus (COVID-19) updates

From: Christina Leathers
To: Executive Team, Chiefs & Wardens
Date: 2/28/2020 8:59 AM
Subject: Fwd: COS MESSAGE: novel coronavirus (COVID-19) updates

FYI

Christina Leathers

Chief of Human Resources

State of Nevada | Department of Corrections | Human Resources Division

T: 702-486-9923 | C: 702-469-4045 | F: 702-486-9974 | Email: cleathers@doc.nv.gov

Putting the "Human" back in Human Resources

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From: RanDee Brems <randeebrems@gov.nv.gov>
To: RanDee Brems <randeebrems@gov.nv.gov>
Date: 2/27/2020 4:51 PM
Subject: COS MESSAGE: novel coronavirus (COVID-19) updates

All, below is a message from Chief of Staff White re: novel coronavirus (COVID-19) updates.

TO: Executive Branch Agency Directors
FROM: Michelle White, Chief of Staff, Office of Governor Sisolak
DATE: February 27, 2020
SUBJECT: novel coronavirus (COVID-19) updates

To the Governor's Cabinet:

The novel coronavirus (COVID-19) has dominated the news cycle over the past few days. We are taking this situation very seriously, but we must also balance the urgent nature of our preparations with moderate reactions and responses so as to not to create public panic. As the Governor says, "Prepare, don't panic -- coordination, not chaos."

The Governor's Office has been engaged in response planning to COVID-19 for some time now. Tomorrow, February 28, 2020, the Governor will be meeting with a core group of stakeholders to continue this work, and will host a press conference to inform the public.

NDOC-COVID000014

Over the next few days, we will be working closely and directly with you to discuss your agency's or department's specific considerations regarding the virus. We appreciate your patience as we do the background work to ensure that our upcoming meetings will be productive, informative, and helpful.

*As always, it is our goal to be as transparent as possible. We also believe it is critical that the information we disseminate to the press and public is both **accurate and up-to-date**. Please instruct your PIOs to work with the Governor's Office PIO, Ryan McInerney, who is currently acting as a repository for all information from our health community partners, and will assist you in making sure your statement or response is accurate.*

Additionally, as a resource for more information, we recommend visiting the DPBH (DHHS) webpage on the coronavirus: <http://dpbh.nv.gov/coronavirus/>

Thank you!



RanDee Brems

*Southern Nevada Office Manager &
Executive Assistant to Chief of Staff
Office of Governor Steve Sisolak
randeebrems@gov.nv.gov
(702) 486-2500*

Theresa Wickham - Coronavirus Information

From: Help Desk
To: *.*
Date: 2/11/2020 2:53 PM
Subject: Coronavirus Information

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From: State Email Admin <email@ADMIN.NV.GOV>
To: <OUTSIDEAGENCIES@LISTSERV.STATE.NV.US>
Date: 2/11/2020 1:39 PM
Subject: Coronavirus Information

Steve Sisolak
 Governor
 Richard Whitley, MS
 Director



**DEPARTMENT OF
 HEALTH AND HUMAN SERVICES**
 Division of Public and Behavioral Health
Helping people. It's who we are and what we do.



Lisa Sherych
 Administrator
 Ihsan Azzam, Ph.D., M.D.
 Chief Medical Officer

February 11, 2020

Dear Nevada State Employees and Coworkers:

You have most likely heard about coronavirus in the media in recent weeks, as there is an ongoing epidemic of a novel strain of the virus, currently centered in China. The virus is gradually spreading worldwide, and a growing number of countries are reporting cases among travelers from China, and some limited person-to-person transmission has been reported outside China.

The Centers for Disease Control and Prevention (CDC) and the Nevada Division of Public and Behavioral Health (DPBH) believe the immediate risk to the public in Nevada, and nationwide, continues to be low - and Nevada does not have any confirmed cases.

While the immediate risk of this new virus to the public is believed to be low, everyone can do their part to respond to this serious emerging public health threat. It seems this novel coronavirus (2019-nCoV) is spreading via droplets and direct contact with contaminated surfaces in a manner similar to seasonal influenza. Symptoms of 2019-nCoV infection (fever, cough and shortness of breath) are also similar to severe influenza infections. We are still in the midst of the flu season, and as long as influenza viruses are circulating, vaccination should continue, even into February or later.

Taking everyday preventive actions will certainly help stop the spread of germs, like avoiding crowded areas and practicing individual hygiene including proper hand washing and not touching the face, nose, mouth and eyes with unwashed hands.

Our public health goal continues to be protecting the health of Nevada residents and visitors by preventing community spread of this novel virus. DPBH has created a webpage dedicated to information about 2019-nCoV, which includes:

- Links to up-to-date case numbers, global cases dashboard, CDC's situation summary
- Nevada monitoring and guidance efforts
- Travel resources
- Home care resources
- Tools for health care workers

Visit: <http://dpbh.nv.gov/coronavirus/>

The health of all Nevadans is the top priority of the Department and, if you have questions, we encourage you to visit the page above or contact the State Office of Public Health Investigations and Epidemiology.

Sincere regards,

Ihsan Azzam, PhD, MD, MPH
 Chief Medical Officer
 Nevada Department of Health and Human Services
 Division of Public and Behavioral Health

This email was vetted and sent by EITS HD, please hover over all links before clicking them.

Northern Administration
5500 Snyder Ave.
Carson City, NV 89701
(775) 887-3285

Southern Administration
3955 W. Russell Rd.
Las Vegas, NV 89118
(702) 486-9906



Steve Sisolak
Governor

Charles Daniels
Director

State of Nevada Department of Corrections

To: ALL STAFF

Date: March 16, 2020

From: Harold Wickham, Deputy Director, Operations

Subject: COVID-19 Updates

I would just like to take a moment to tell you all, how very proud the administration is of the professionalism that you have all displayed in the face of the COVID-19 crisis. We also wish to Thank you for remaining flexible and responsive to a very fluid crisis. Your adaptability during these rapid changes is appreciated.

Our Department is setting the example to many other States by taking immediate pro-active responses. We are closely monitoring the situation; we currently do not have any positive or presumptive cases within our facilities. It is critical that we take every precaution to keep this virus out, you are a major part of that effort; by keeping yourself and your family protected by following all precautions and remaining vigilant to those around you.

Your Wardens at each of the Major Parent Facilities will establish an Emergency Operation Center (EOC). The EOC's will be operational from 0500 to Midnight. At a minimum they will be staffed by a Lieutenant or above. Each EOC will have a Land Line and Cell phone available to receive and relay information in a timely and accurate manner. EOC's will be responsible for collection, documentation, recording and distribution of information, instructions, contingency plans, and immediate communications up and down the chain of command. Phone numbers will be provided as the EOC are set up.

The Executive team remains committed to providing you with the most up to date and accurate information possible. We realize that your concerns for your families and friends are important. We are reviewing and developing contingency plans at all levels for every possible scenario.

Town Hall meetings will be conducted Every Tuesday and Friday for every shift. To include e-mails. Keeping you informed is paramount. We must avoid mis-information or in-accurate information. The information should be vetted by your EOC's.

Once again, thank you for your professionalism in providing for the Public Safety.

Northern Administration
5500 Snyder Ave.
Carson City, NV 89701
(775) 977-5500

Southern Administration
3955 W. Russell Rd.
Las Vegas, NV 89118
(702) 486-9906



Steve Sisolak
Governor

Charles Daniels
Director

State of Nevada Department of Corrections

March 16, 2020

TO: All Employees

FROM: Charles Daniels, Director
SUBJECT: DIRECTOR'S UPDATE IN RESPONSE TO COVID-19

Consistent with national and state health and human services protocols, protecting your health and safety is my top priority. With the issuance of the Governor's emergency declaration we are armed with additional tools and the flexibility to respond to and ultimately contain COVID-19.

With the activation of the State Emergency Operations Center and our Nevada Health Response team, a one stop COVID-19 information website was created to avail you of rapidly developing data, guidance and news impacting you, your family, co-workers and the community. You can access the website here: <https://nvhealthresponse.nv.gov/>. NDOC has been actively participating in the fight against COVID-19 and exploring ways to mitigate the impact to our State and its citizens.

Here are the current measures we have already implemented with public, staff and inmate safety in mind:

- Suspended all inmate visitation;
- Legal visitation modified to video only;
- Town Hall meetings conducted and scheduled with staff and inmates at every institution;
- Suspended volunteers and external service provider entry into our facilities;
- Commenced symptom detection protocols to include visual observation of influenza-like symptoms and assessment of body temperature of all individuals entering our facilities. For anyone with a temperature greater than 100.3, will be denied entry and instructed to see a community health care provider immediately;
- Suspended all inmate access to the community;
- Activated an Emergency Operation Center at each facility. The hours of operation are 5 a.m. – 12 a.m. daily, until further notice.

I extend my thoughts and prayers to the victims, families, and friends who have been impacted by COVID-19. This has been a challenging time for all of us, and I just want you to know how much I appreciate your patience, resolve and your selfless determination to protect the public and one another.

There is no one-size-fits-all approach to how we address this issue, and this is a rapidly developing situation that we will continue to monitor. All options are on the table to ensure the safety of you and your families.

Please remember to monitor and educate those with an underlying serious or long-term medical condition. Please take additional actions to reduce their risk of getting sick with this virus.

NDOC-COVID000018

I strongly urge you to:

- Conduct an inventory check of personal items recommended to aid in the fight against COVID-19. Gather extra supplies such as soap, tissue, alcohol-based hand sanitizer and basic pantry staples.
- Make a list of emergency contacts to have on hand—family, friends, neighbors, carpool drivers, health care providers, teachers, employers, local public health department and community resources to include relevant websites.

Perform normal everyday precautions to try to avoid getting sick and avoid people who are sick and wash your hands often.

I have formed a team led by Dr. Minev, NDOC's Medical Director. This group has been directed to provide me with ongoing assessment results and recommendations specific to keeping our staff safe.

Should you have any additional questions or concerns, please work through your immediate chain of command.

Thank you

Attachment 2:
Williams Lawsuit
2:20-cv-00639
ECF Nos. 6-10
and 6-15

EXHIBIT J

E-mail re COVID 10
Update and Clarification,
dated 3/18/20

EXHIBIT J

From: Michael Minev
To: DONS; Executive Staff; Wardens; medical
CC: Help Desk
Date: 3/18/2020 4:28 PM
Subject: **COVID 19 UPDATE AND CLARIFICATION IMPORTANT**

Dear NDOC Staff,

All NDOC staff at all facilities will need to have their temperature taken by either nursing or custody staff upon entry to the facility. The name of the employee and temperature value will need to be recorded in a log prior to entrance. Employees with a temperature greater than 100.4 will be sent home or may receive additional evaluation. Employees refusing to have their temperature taken will have their name recorded in a log and will be reported to their immediate supervisor. Please note this protocol is not a suggestion by me, it is a DIRECT ORDER from Director Daniels to ALL NDOC employees until further notice.

Custody staff at the various facilities will be instructed on how to take temperatures by nursing staff. DONS please coordinate with wardens at your institutions to ensure coverage at the gatehouse for all shifts.

I would like to clarify the criteria to look for regarding COVID 19 infection as there have been confusion.

The 3 cardinal symptoms of COVID 19 infection are:

Fever of 100.4 or greater

Shortness of Breath

Dry Cough

Please note as it is allergy season some of symptoms of allergies may overlap with the above.

The symptoms of seasonal allergies include: (allergies will not be accompanied by a fever)

Runny nose, stuffy nose, and/or sneezing

wheezing, shortness of breath

dry cough

rashes

fatigue

headache

If you are in doubt and feel sick with ALL 3 cardinal symptoms above PLEASE DO NOT REPORT TO WORK. Notify your immediate supervisor and stay home.

Please email Michael Minev and cc Theresa Wickham and Miguel Forero if you are experiencing any 1 of the 3 conditions:

- 1) You are experiencing ALL 3 cardinal symptoms above
- 2) you have come in contact with an individual (less than 6 feet contact distance) who has ALL 3 cardinal symptoms above or has tested POSITIVE for COVID 19 infection
- 3) you have recently traveled to an area known to have active COVID 19 infections and have had contact (less than 6 feet contact distance) with an individual known to be POSITIVE for COVID 19 or an individual with ALL the 3 cardinal symptoms above

If you are sick please stay home and arrange to make an appointment with a medical provider for evaluation and to be cleared for return to work. If you are unable to make an appointment, you will need to use sick leave until you arrange an appointment. Administrative leave will need to be reviewed on a case by case basis. If you are seen by a medical provider and have been tested for COVID 19 you will need to be quarantined for 14 days. You will need to be out of work for the ENTIRE 14 days even if your COVID 19 test result is NEGATIVE for infection. In order to return to work you will need to be seen by a provider and provide a NEGATIVE COVID 19 test result.

Please contact me if you have any questions or need clarification.

Michael Minev, M.D.
Medical Director
Nevada Department of Corrections
3955 West Russell Road
Las Vegas, NV 89118
Cell: 775-722-8073
Office: 702-486-9937

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EXHIBIT M

E-mail re COVID 19
Update Information
Clarifications, dated 4/3/20

EXHIBIT M

From: Help Desk
To: *.
Date: 4/3/2020 8:17 AM
Subject: **COVID 19 UPDATE IMPORTANT CLARIFICATIONS**

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From: Michael Minev
To: Wardens; Executive Staff; DONS; medical; Calvin Johnson
CC: Help Desk
Date: 4/2/2020 7:41 PM
Subject: **COVID 19 UPDATE IMPORTANT CLARIFICATIONS**
Dear NDOC Staff,

1. ASSESSMENTS:

All NDOC employees at all facilities will have their temperature taken by either nursing or custody staff upon entry to the facility. The employee ID number of each employee and their temperature value will be recorded in a log prior to entrance. Custody staff will ensure that 6 feet of distance between employees is enforced during screening at facilities.

Employees may be sent home following a brief nurse assessment at the entrance of facilities PRIOR to starting work at their duty station. This assessment will require questions about symptoms such as fever, cough, shortness of breath, wheezing, runny nose etc. Employees are required to cooperate with this assessment and may be provided a protective mask if they are symptomatic. Employees who do not cooperate with this assessment will not be allowed entrance and will be reported to their Appointing Authority.

2. COVID-19 PUI (person under investigation)

Employees found with any 1 of the 3 cardinal symptoms of COVID-19, 1) fever of 100.4 or greater, 2) Shortness of breath and/or 3) Dry cough, will

be considered to be a COVID-19 PUI.

3. EXCLUSION:

Following assessment, COVID-19 PUI will be sent home with the expectation that they will obtain clearance from a medical provider, or obtain COVID 19 testing before returning to work. However, if the COVID 19 PUI cannot see a medical provider, or obtain COVID 19 testing, they will need to wait until all of their symptoms have stopped and have not been present for at least 72 hours prior to returning to work.

While at work, employees should monitor themselves and fellow employees for any symptoms such as fever, cough, shortness of breath, wheezing, runny nose etc. Employees who develop any symptoms while at work at their duty station will report them via telephone to their chain of command. These employees will then be considered to be a COVID-19 PUI and will be sent home. For further instructions, see paragraph above.

4. CLOSE CONTACTS of a COVID-19 PUI:

Individuals who have been within 6 feet of a COVID-19 PUI for a prolonged period of time are considered potential Close Contacts. Those individuals will be identified/report their status to their chain of command. They will then be monitored and will report any development of symptoms immediately to their chain of command. They will NOT report to work if any symptoms develop, which will make them a COVID-19 PUI.

5. QUARANTINE:

If a COVID-19 PUI tests positive for COVID 19, the PUI and any close contacts (individuals who have been within 6 feet of the PUI for a prolonged period of time) will need to be quarantined for a full 14 days or after they are no longer sick and remain symptom free for 72 hours.

6. QUESTIONS:

These precautions are based upon CDC recommendations. Please contact me if you have any questions or need clarification.

Michael Minev, M.D.

Medical Director
Nevada Department of Corrections
3955 West Russell Road
Las Vegas, NV 89118
Cell: 775-722-8073
Office: 702-486-9937

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Attachment 3:
NDOC
Communications
Pertaining to
COVID-19

Page 1 of 2

Theresa Wickham - **COVID-19 symptoms update IMPORTANT**

From: Michael Minev
To: Help Desk
Date: 5/8/2020 4:25 PM
Subject: **COVID-19 symptoms update IMPORTANT**
Cc: DONS; Executive Staff; Wardens; medical; DRGilmer@ag.nv.gov

Dear NDOC staff,

Based on my discussions with Dr. Ihsan Azzam Chief Medical Officer at DHHS I have revised the COVID-19 temperature threshold for a fever to 100 F.

A list of symptoms that may indicate COVID-19 infection follows below:

PLEASE NOTE THAT I HAVE DECREASED THE TEMPERATURE THRESHOLD FOR A FEVER TO 100 F.
IF YOU HAVE A TEMPERATURE OF 100 F OR ABOVE PLEASE STAY HOME OR DO NOT ENTER THE FACILITY

- cough
- shortness of breath or difficulty breathing
- fever (NOW DEFINED AS A TEMPERATURE OF 100 F OR ABOVE)
- chills
- repeated shaking with chills
- muscle pain
- headache
- sore throat
- new loss of taste or smell

Michael Minev, M.D.
Medical Director
Nevada Department of Corrections
3955 West Russell Road
Las Vegas, NV 89118
Cell: [775-722-8073](tel:775-722-8073)
Office: [702-486-9937](tel:702-486-9937)

This is the way the world ends not with a bang but a whimper.
-T.S. Eliot

Medical Director
Nevada Department of Corrections
3955 West Russell Road
Las Vegas, NV 89118
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Theresa Wickham - **COVID 19 symptoms update**

From: Help Desk
To: * *
Date: 4/29/2020 1:56 PM
Subject: **COVID 19 symptoms update**

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From: Michael Minev
To: Help Desk
Date: 4/29/2020 1:55 PM
Subject: **COVID 19 symptoms update**

Dear NDOC staff,

I would like to update all staff with a list of symptoms that may indicate COVID-19 infection:

- / cough
- / shortness of breath or difficulty breathing
- / fever
- chills
- repeated shaking with chills
- muscle pain
- headache
- sore throat
- new loss of taste or smell

Michael Minev

Michael Minev, M.D.

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Theresa Wickham - Re: SECONDARY CONTACTS

From: Michael Minev
To: Miguel Forero; Christina Leathers
Date: 4/28/2020 9:11 AM
Subject: Re: SECONDARY CONTACTS
Cc: Charles Daniels; Theresa Wickham

Christina

Please see protocol below

These criteria may change based on daily new information regarding COVID 19
but we will stick to this protocol for now

Michael Minev, M.D.
Medical Director
Nevada Department of Corrections
3955 West Russell Road
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This is the way the world ends not with a bang but a whimper.
-T.S. Eliot

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>>> Miguel Forero 04/28/20 8:02 AM >>>

There are secondary contacts to positive COVID-19 positive wanting to return to work and, or be reconsidered. They can work and wear the mask.
Primary contact are the ones that I want out for 14 days, see a doctor if symptoms develop and be tested before coming back to work.
Those living with family or anyone that has tested positive COVID-19 will have to show written documentation of family and his negative test before returning to work.
Staff testing positive for COVID-19 need to be isolated until they get well and test negative twice.
Those that have been sent home due to COVID-19 symptoms need to stay out for 7 days or until symptoms subside plus 72 hours and have a negative COVID-19 test.
I know this looks more strict than what others are doing, but at the end of the day if we don't do it it's our hide.

Miguel Forero
Disease Control Specialist III
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Theresa Wickham - Updated Governor's travel advisory Nevada

From: Help Desk
To: *.
Date: 6/8/2020 4:19 PM
Subject: Updated Governor's travel advisory Nevada

Nevada continues to strongly discourage those who have tested positive for COVID-19 and have not yet recovered, those who have been presumptively diagnosed with COVID-19, and those who are exhibiting COVID-19 symptoms from traveling to the State at this time.

Additionally, Nevada recommends all travelers review [CDC travel guidelines](#), including restriction on travelers from certain foreign countries from entering the United States.

If you travel to Nevada, protect yourself and others during your trip by following CDC guidelines:

1. Avoid touching your eyes, nose, or mouth.
2. Avoid close contact with others.
3. Keep 6 feet of physical distance from others.
4. Wear a face covering in public.
5. Cover coughs and sneezes.

If you are traveling in Nevada and are experiencing symptoms (fever, cough, shortness of breath):

1. Continue to stay in your designated quarantine location, avoid contact with others, and contact a healthcare provider for further instructions on treatment or testing.
2. If you are older or have any medical conditions (e.g., immune compromise, diabetes, asthma), consult your regular healthcare provider.
3. If you feel you need medical care, call ahead before you go in and inform them of your travel history.
4. If you need urgent medical care (e.g., have difficulty breathing), call 9-1-1 and let the dispatcher know your travel history). For more information, visit nvhealthresponse.nv.gov.

Michael Minev, M.D.

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Steve Sisolak
Governor

Richard Whitely, MS
Director



**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
Division of Public and Behavioral Health
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

Reean Azzam, Ph.D., M.D.
Chief Medical Officer

COVID-19 Guidance for the Nevada Department of Corrections

COVID-19 Situation Summary

The state of Nevada is responding to a pandemic of respiratory disease caused by a novel (new) coronavirus (COVID-19). COVID-19 can cause mild to severe illness; most severe illness occurs in older adults. Symptoms of COVID-19 most often include fever, cough, and shortness of breath. When someone develops the following emergency warning signs, they should seek medical attention immediately.

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell

The situation is spreading in regions around the globe including the United States and Nevada. There is little data available to accurately predict the timing of increased service need in response to this pandemic, but evidence from other affected regions in the world suggest, the healthcare resources in Nevada may become overwhelmed.

How COVID-19 Spreads

There is much to learn about the newly emerged COVID-19, including how and how easily it spreads. Based on what is currently known about COVID-19 and what is known about other coronaviruses, spread is thought to occur mostly from person-to-person via respiratory droplets among close contacts.

Close contact can occur while caring for a patient, including:

- being within approximately 6 feet (2 meters) of a person with COVID-19 for a prolonged period (10 minutes or more).
- having direct contact with infectious secretions from a person with COVID-19. Infectious secretions may include sputum, serum, blood, and respiratory droplets.

If close contact occurs while not wearing all recommended PPE, personnel may be at risk of infection.

Updates to Guidance

This document is the foundation for the response and additional guidance will be published through technical bulletins as the situation develops. These supplemental guidance documents can be found on the Division of Public and Behavioral Health webpage: [Technical Bulletins](#)

Strategies to Prevent and Mitigate the Spread of COVID-19 in Jails and Prisons

The population density and quick cycling of inmate/detainees in and out of correctional facilities creates a heightened risk of the 2019 novel coronavirus (COVID-19) infection being transmitted to inmate/detainees and staff. In addition, people in jails, prisons, and other detention facilities typically have a greater underlying disease burden and worse health conditions than the general population. They also frequently face greater exposure to risks, such as: smoking; poor hygiene; and weak immune defenses due to stress, poor nutrition, or the prevalence of coexisting diseases, such as: bloodborne viruses; tuberculosis; and substance use disorders. Therefore, the Nevada Department of Health and Human Services (DHHS) has developed strategies to assist jails, prisons, and other detention facilities to respond to the outbreak.

Most correctional facilities already have a written health promotion, safety, and disease prevention plan that addresses exposure control, medical isolation, and standard precautions used to detect and prevent the spread of other respiratory viruses like influenza. Those same outbreak management principles should be used with the COVID-19 virus, and the DHHS recommendations below should complement but not replace, those general prevention and control standards.

Limit Visitation

Social Visits: Restrict or suspend all social visitation. To maintain inmate/detainee social contact, it is recommended facilities allow for increased inmate/detainee telephone communications and use alternative contact-visitation methods, such as video visits (where available) or tablets. If visiting is allowed, screen the visitors using the same procedures the facility uses for staff. Visitors who are symptomatic should be excluded from visiting.

Legal Visits: Restrict or suspend in-person legal visits. To ensure inmates/detainees have access to legal counsel, use alternative visitation methods (e.g., video conferencing). Provide case-by-case accommodations for attorneys seeking in-person visits, and if attorneys are approved for in-person visits, screen them for the virus using the same procedures the facility uses for staff.

Contractors: Restrict or suspend contractor access to the facility unless the person is there to perform essential services (e.g., medical care, mental healthcare, religious functions/services) or is there to perform necessary maintenance on essential systems. For contractors allowed access to the facility, screen them using the same procedures the facility uses for staff.

Volunteers and non-essential service providers: Suspend volunteers and non-essential service providers. Allow exceptions for volunteers providing religious functions/services. For those allowed access to the facility, screen them using the same procedures the facility uses for staff.

Prevention Strategies for Law Enforcement Officers Who Transport Detainees to Jail

Recommendations for law enforcement officers who, come into close contact with a person who has been confirmed or is suspected of having COVID-19:

- Clean and disinfect the duty belt and gear prior to reuse.
 - Use a household cleaning spray or wipe, as outlined on the product label.
- Follow standard operating procedures for the containment and disposal of used PPE.
- Follow standard operating procedures for containing and laundering clothes.
- Avoid shaking the clothes.

The CDC provides guidance for law enforcement officers who make contact with persons confirmed or suspected to have COVID-19. The guide can be accessed at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

Key Strategies

Given the high risk of spread once COVID-19 enters, facilities must act immediately to protect residents, families, and staff from serious illness, complications, and death.

1. Keep COVID-19 from entering your facility:
 - Restrict all visitors except for compassionate care situations (e.g., end-of-life).
 - Restrict all volunteers and non-essential personnel, including consultant services (e.g., barber, hairdresser).
 - Implement universal use of source control for everyone in the facility.
 - Actively screen anyone entering the building (staff, healthcare providers, ancillary staff, vendors, consultants) for fever and symptoms of COVID-19 before starting each shift; send ill personnel home.
 - Cancel all field trips outside of the facility.
2. Identify infections early:
 - Actively screen all residents daily for fever and symptoms of COVID-19; if symptomatic, immediately isolate and implement appropriate Transmission-Based Precautions.
 - Older adults with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, or diarrhea. Identification of these symptoms should prompt isolation and further evaluation for COVID-19.
 - Notify your state or local health department immediately (<24 hours) if these occur:
 - Severe respiratory infection causing hospitalization or sudden death
 - Clusters (≥ 1 resident and/or staff) of respiratory infection
 - Individuals with suspected or confirmed COVID-19
3. Prevent spread of COVID-19:
 - Actions to take now:
 - Cancel group activities and communal dining.
 - Enforce social distancing among residents.
 - Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments.
 - Ensure all staff and HCP wear a facemask or cloth face covering for source control while in the facility. Cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect healthcare personnel (HCP) is unknown. Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required.
 - If COVID-19 is identified in the facility, restrict all residents to their rooms and have staff and HCP wear all recommended PPE for care of all residents (regardless of symptoms) on the affected unit (or facility-wide depending on the situation). This includes: an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and gown. Staff and HCP should be trained on PPE use including putting it on and taking it off.
 - This approach is recommended because of the high risk of unrecognized infection among residents. Recent experience suggests that a substantial proportion of residents could have COVID-19 without reporting symptoms or before symptoms develop.
 - When a case is identified, public health can help inform decisions about testing asymptomatic residents on the unit or in the facility.
4. Assess supply of personal protective equipment (PPE) and initiate measures to optimize current supply:
 - If you anticipate or are experiencing PPE shortages, reach out to your state/local health department who can engage your local healthcare coalition.

- Consider extended use of respirators, facemasks, and eye protection or prioritization of gowns for certain resident care activities.
- 5. Identify and manage severe illness:
 - Designate a location to care for residents with suspected or confirmed COVID-19, separate from other residents.
 - Monitor ill residents (including documentation of temperature and oxygen saturation) at least 3 times daily to quickly identify residents who require transfer to a higher level of care.

Actions when an Outbreak is Identified

1. All symptomatic individuals, staff or residents, tested or not, **MUST** be immediately isolated. Staff should self-isolate at home.
2. Residents with mild/moderate symptoms should be isolated in a special section of the facility.
3. Staff or residents with severe symptoms (difficulty breathing, chest pain, bluish lips...) should be referred to hospitals for critical healthcare and testing.
4. All contacts (residents, visitors, family members, other) who could have been exposed to a symptomatic individual, or to an individual who tested positive for COVID-19, must be immediately quarantined – residents must be moved to a quarantined section of the facility. Staff who have been exposed and are asymptomatic can continue to work, but they must be monitored twice daily for signs and symptoms and use a face covering while in the facility. If symptoms develop, staff must inform employer, and their employer must notify the Office of Public Health Investigations and Epidemiology (OPHIE).
5. Asymptomatic residents should be in a separate part of the facility and should be observed to identify any early respiratory symptoms for 14 days since last day of contact.
6. No symptomatic person, staff or visitor, should be allowed inside the facility.
7. There should be 3 different sections in the facility (4 sections if new admissions are allowed):
 - a. Isolation for symptomatic individuals and those who tested positive for COVID-19. Individuals cannot leave this section until they have met the clearance criteria.
 - b. Quarantine for contacts who will be quarantined for 14 days.
 - c. General population for all other residents who have no symptoms; were not contacts to any COVID-19 case and didn't test positive for COVID-19.
 - d. If new admissions are allowed, these individuals must be in a separate observation section for 14 days prior to being allowed in the general population. If they receive a positive test, they should be moved to the isolation section immediately.
8. Environmental decontamination especially shared surfaces (tables, doorknobs, light switches, remote controls, toilets, etc.) should be cleaned and disinfected at least twice a day with EPA registered chemical.
9. No socialization during meal times or other group settings. 6 feet of separation must be adhered to at all times.

State and local health authorities may recommend facility-wide testing of patients and staff to identify the severity of the outbreak and to properly implement public health interventions in the facility. All facilities should comply with the request for information and comply with intervention guidelines in this document and given by state and local health authority staff. Specific guidance will be given on a case by case basis when additional interventions are necessary.

Discontinuation of Isolation for Persons with COVID -19 Not in Healthcare Settings

Who this is for:

Healthcare providers and public health officials managing persons with coronavirus disease 2019 (COVID-19) under isolation who are not in healthcare settings. This includes, but is not limited to, at home, in a hotel or dormitory room, or in a group isolation facility.

For Persons with COVID-19 Under Isolation:

The decision to discontinue home isolation for persons with confirmed or suspected COVID-19 should be made in the context of local circumstances. Options include a symptom-based (i.e., time-since-illness-onset and time-since-recovery strategy) or a test-based strategy. Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

1). Symptom-based strategy

Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
- At least 10 days have passed since symptoms first appeared.

2). Test-based strategy Previous recommendations for a test-based strategy remain applicable; however, a test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing.

Persons who have COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- Resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath), and
- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens). Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

For Persons Who have NOT had COVID-19 Symptoms but Tested Positive and are Under Isolation:

Options now include both a 1) time-based strategy, and 2) test-based strategy.

1). Time-based strategy

Persons with laboratory-confirmed COVID-19 who have not had any symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based or test-based strategy should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

2). Test-based strategy

Persons with laboratory-confirmed COVID-19 who have not had any symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens).

Note, because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.

The symptom-based, time-based, and test-based strategies may result in different timeframes for discontinuation of isolation post-recovery. For all scenarios outlined above, the decision to discontinue isolation should be made in the context of local circumstances.

Note that recommendations for discontinuing isolation in persons known to be infected with COVID-19 could, in some circumstances, appear to conflict with recommendations on when to discontinue quarantine for persons known to have been exposed to COVID-19. CDC recommends 14 days of quarantine after exposure based on the time it takes to develop illness if infected. Thus, it is possible that a person known to be infected could leave isolation earlier than a person who is quarantined because of the possibility they are infected.

This recommendation will prevent most, but cannot prevent all, instances of secondary spread. The risk of transmission after recovery is likely substantially less than that during illness; recovered persons will not be shedding large amounts of virus by this point, if they are shedding at all. Employers and local public health authorities can choose to apply more stringent criteria for certain persons where a higher threshold to prevent transmission is warranted.

For certain populations, a longer timeframe after recovery may be desired to minimize the chance of prolonged shedding of replication-competent virus. Such persons include 1) healthcare personnel in close contact with vulnerable persons at high-risk for illness and death if those persons get COVID-19 and 2) persons who have conditions that might weaken their immune system which could prolong viral shedding after recovery. Such persons should consult with their healthcare provider; this might include additional PCR testing. Prolonged viral shedding has been demonstrated without direct correlation with replication competent virus.

For the most up to date CDC guidance see [Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings](#).

Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19

Commented [TR1]: This might be considered for corrections staff to help maintain workforce.

Who this is for:

Occupational health programs and public health officials making decisions about return to work for healthcare personnel (HCP) with confirmed COVID-19, or who have suspected COVID-19 (e.g., developed symptoms of a respiratory infection [e.g., cough, sore throat, shortness of breath, fever] but did not get tested for COVID-19).

Decisions about return to work for HCP with confirmed or suspected COVID-19 should be made in the context of local circumstances. Options include a symptom-based (i.e., time-since-illness-onset and time-since-recovery strategy) or time-based strategy or a test-based strategy. Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

Return to Work Criteria for HCP with Suspected or Confirmed COVID-19

Symptomatic HCP with suspected or confirmed COVID-19 (Either strategy is acceptable depending on local circumstances):

- Symptom-based strategy. Exclude from work until:
 - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
 - At least 10 days have passed since symptoms first appeared
- Test-based strategy. Exclude from work until:
 - Resolution of fever without the use of fever-reducing medications and
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
 - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens). Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

HCP with laboratory-confirmed COVID-19 who have not had any symptoms (Either strategy is acceptable depending on local circumstances):

- Time-based strategy. Exclude from work until:
 - 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based or test-based strategy should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.
- Test-based strategy. Exclude from work until:
 - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens). Note, because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.

Note that detecting viral RNA via PCR does not necessarily mean that infectious virus is present.

Consider consulting with local infectious disease experts when making decisions about discontinuing Transmission-Based Precautions for individuals who might remain infectious longer than 10 days (e.g., severely immunocompromised).

If HCP had COVID-19 ruled out and have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

Return to Work Practices and Work Restrictions

After returning to work, HCP should:

- Always wear a facemask for source control while in the healthcare facility until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding universal source control during the pandemic.
 - A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.
 - Of note, N95 or other respirators with an exhaust valve might not provide source control.
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen

Strategies to Mitigate Healthcare Personnel Staffing Shortages

Maintaining appropriate staffing in healthcare facilities is essential to providing a safe work environment for HCP and safe patient care. As the COVID-19 pandemic progresses, staffing shortages will likely occur due to HCP exposures, illness, or need to care for family members at home. Healthcare facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate them, including considerations for permitting HCP to return to work without meeting all return to work criteria above. Refer to the Strategies to Mitigate Healthcare Personnel Staffing Shortages document for information. As part of this, asymptomatic HCP with a recognized COVID-19 exposure might be permitted to work in a crisis capacity strategy to address staffing shortages if they wear a facemask for source control for 14 days after the exposure. This time period is based on the current incubation period for COVID-19 which is 14 days.

Definitions

Cloth face covering: Textile (cloth) covers are intended to keep the person wearing one from spreading respiratory secretions when talking, sneezing, or coughing. They are not PPE and it is uncertain whether cloth face coverings protect the wearer. CDC guidance available on design, use, and maintenance of cloth face coverings.

Facemask: Facemasks are PPE and are often referred to as surgical masks or procedure masks. Use facemasks according to product labeling and local, state, and federal requirements. FDA-cleared surgical masks are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays.

Respirator: A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators are certified by the CDC/NIOSH, including those intended for use in healthcare.

For the most up to date CDC guidance see [Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19](#).

Laboratory Testing

As COVID-19 laboratory testing capacity is improving in Nevada, and the state continues to prepare for incremental steps to ease social distancing measures, steps need to be taken to allow for more testing. Increasing the number of diagnostic COVID-19 RT-PCR laboratory testing is essential to early detect and isolate cases (patients with positive test results), and promptly identify and quarantine all contacts (individuals who were exposed to a COVID-19 case). It is essential to expand COVID-19 laboratory testing to include all patients exhibiting symptoms consistent with COVID-19 infection and ensure a more robust approach to rapid infection control and containment within our state.

Testing Criteria for Symptomatic Persons

Clinicians should test patients that present with symptoms consistent with COVID-19. The Centers for Disease Control and Prevention (CDC) use the following clinical criteria:

- Persons with at least two of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, new olfactory and taste disorder(s).

OR

- Persons with at least one of the following symptoms: cough, shortness of breath, or difficulty breathing

OR

- Severe respiratory illness with at least one of the following: clinical or radiographic evidence of pneumonia, or acute respiratory distress syndrome (ARDS).

AND

- No alternative more likely diagnoses

Persons meeting the above criteria should be considered for laboratory testing. RT-PCR testing is currently done at several Nevada commercial labs, hospital labs and the two Nevada public health laboratories. For additional information regarding sample collections and handling please review CDC recommendations at the following website: <https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinicalspecimens.html>

Testing Expansion to Asymptomatic Persons

Increasing testing availability will allow clinicians to consider testing for wider groups including mildly symptomatic, asymptomatic, and pre-symptomatic patients. To early identify more COVID-19 cases, testing should be extended to individuals with and without symptoms. Focused activities should be implemented to reduce and ultimately prevent further transmission, including testing of asymptomatic, high-risk, vulnerable individuals and those who could have been exposed to COVID-19 cases. Older individuals with comorbidities; racial/ethnic underserved, uninsured and under-insured minorities; individuals with physical, social, psychiatric, behavioral and/or emotional challenges seem to exhibit higher risks for contracting and dying due to COVID-19 infections. Subsequently, they should be regarded as high priority for testing and early detection.

Dramatic measures are necessary to establish a statewide system for universal and timely testing of all symptomatic and high-risk asymptomatic individuals. Two kinds of tests are available for COVID-19: viral tests and antibody tests. Viral tests can identify a current infection. While, antibody tests can identify a previous infection, it may take a COVID-19 patient 1-3 weeks, post infection, to develop antibodies. Additionally, it is unknown if having such antibodies against the virus provides protection against reinfection and how long such protection might last.

Priorities for Testing

High Priority

- Hospitalized patients
- Healthcare facility workers, workers in congregate living settings, and first responders with symptoms
- Residents in long-term care facilities or other congregate living settings, including prisons and shelters, with symptoms
- Persons identified through public health clusters and select contact investigations

Priority

- Persons with symptoms of potential COVID-19 infection, including: fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea and/or sore throat
- Persons without symptoms who are prioritized by the local/state health departments or clinicians, for any reason, including, but not limited to: public health monitoring, sentinel surveillance, or screening of other asymptomatic individuals according to state and local community plans.

COVID-19 data and test results that include those who don't show symptoms can provide a more accurate understanding of how the virus is spreading in the community. Such critical findings will inform future policies and guidelines. Identifying asymptomatic cases will provide a better understanding of the virus's impacts on the community. Expansion in testing will play a major part in influencing the state's continuous adjustment of prevention, community mitigation and control measures. This additional testing expansion may also lead to a larger number of residents made aware of their conditions, knowledge that could contribute to focused social distancing and further slowing community transmissions. Proceeding timely, cautiously, carefully and incrementally with testing, tracing and containment enhances our attainments and helps avoid setbacks.



Technical Bulletin



Date: April 1, 2020
Topic: Guidance for Public Health Management of Healthcare Personnel (HCP) with Potential Exposure to Patients with (COVID-19) in Healthcare Settings
Contact: Melissa Peek-Bullock, State Epidemiologist, Office of Public Health Investigations and Epidemiology
To: All Health Care Providers and Facilities

This guidance is being given while the Crisis Standard of Care (CSC) Plan is in effect. It is based on most recent CDC reports <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>, and data on the current SARS-CoV2 Pandemic. It includes allowances for asymptomatic HCP who could have had an exposure or could have been exposed to a COVID-19 patient to continue to work, while ensuring the HCP is "**Masked & Monitored**" - after options to improve staffing have been exhausted and in consultation with their Occupational Health Program and local/state health authority.

Healthcare facilities should have a low threshold for evaluating signs/symptoms and testing exposed HCP. The COVID-19, Nevada Governor's COVID-19 Medical Advisory Team (MAT) recommends the following:

- Facilities should consider allowing asymptomatic HCP and HCP who could have been exposed or who have had an exposure to a COVID-19 patient to continue working.
- Exposed HCP should undergo laboratory testing for COVID-19 seven days after exposure.
- Exposed HCP should still report temperature and absence of symptoms each day prior to starting work.
- HCP should use proper Personal Protective Equipment (PPEs)/wear a facemask while at work for the 14 days after the exposure event – and as appropriate after such time.

If HCP develops even mild symptoms consistent with COVID-19, they must immediately cease patient care activities, put on a facemask (if not already wearing one), and notify their supervisor or occupational health services for an eventual medical evaluation and laboratory testing prior to self-isolation at home for at least 7 days or 72 hours after all symptoms are resolved; whichever is longer. Hospitalization may be required for severe cases.

- Facilities should undergo proactive practices including:
 - Asking all HCP to report recognized exposures; regularly monitor themselves for fever and symptoms of respiratory infection and not report to work when symptomatic or ill.
 - Developing a plan for how the facility will screen for symptoms and evaluate ill HCP. This could include having all HCP report absence of fever and symptoms prior to starting work each day.

Proper adherence to currently recommended infection control practices, including proper use of PPEs, should protect HCP who have had prolonged close contact with patients infected with COVID-19. However, to account for any inconsistencies in use or lack of adherence that could result in unrecognized exposures, all HCP should still perform self-monitoring.

Reporting

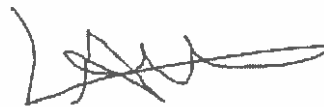
Health care providers should **immediately** notify both infection control personnel at their health care facility and their local/state health department in the event of a person under investigation (PUI) for COVID-19.

- **Nevada Division of Public and Behavioral Health (DPBH):** (775)-684-5911 (M-F 8:00 AM to 5:00 PM); (775) 400-0333 (after hours)
- **Southern Nevada Health District (SNHD):** (702)-759-1300 (24 hours)
- **Washoe County Health District (WCHD):** (775)-328-2447 (24 hours)
- **Carson City Health and Human Services (CCHHS):** (775)-887-2190 (M-F 8:00 AM to 5:00 PM); (775)-887-2190 (after hours)

For More Information: Please contact DPBH M-F 8:00 AM to 5:00 PM at (775)-684-5911. The after-hours line can be contacted at (775) 400-0333.



Lisa Sherych, Administrator
Division of Public and Behavioral Health



Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

Theresa Wickham - FW: Clearance Time Increases to 10 Days

From: Melissa Peek-Bullock <mpeekbullock@health.nv.gov>
To: Theresa Wickham <twickham@doc.nv.gov>
Date: 5/27/2020 10:34 AM
Subject: FW: Clearance Time Increases to 10 Days
Attachments: DPBH_CriteriaReturntoWork-HealthcarePersonnelWithCOVID-19_050320_ADA.pdf;
DPBH_DiscontinuationofTransmission-
BasedPrecautionsinHealthcareSettings_050320_ADA.pdf;
DPBH_DiscontinuationofIsolationforPersonsNotinHealthcareSettings_050320_ADA.pdf;
DPBH_COVID19_Testing_FAQ_050520_ADA.pdf

Here are the guidance documents I believe were referenced on last week's call. You can use these to help update protocols as needed. Also Dr. Green offered her assistance, as well, if you need guidance on any of the protocols. I will text you her number in case you need it.

Melissa Peek-Bullock

State Epidemiologist

Nevada Department of Health and Human Services

Division of Public & Behavioral Health | Office of Public Health Investigations & Epidemiology

Direct Line: 775.684.5285

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Nevada's Coronavirus Direct Line:

1-800-860-0620; Monday-Friday, 7:00am-7:00pm

Nevada 211 – 24/7

<https://nvhealthresponse.nv.gov/>

From: Nathan K. Orme <nkorme@health.nv.gov>

Sent: Wednesday, May 6, 2020 2:01 PM

Subject: Clearance Time Increases to 10 Days

Clearance Time Increases to 10 Days

Time- or symptom-based strategy guidance goes up from 7 days for patients and staff after symptoms have appeared

Health facilities with patients/residents or staff who have tested positive for or show symptoms of COVID-19 are advised to follow revised guidelines when deciding to discontinue precautions (including isolation), discharge the patient or allow the employee to return to work.

Facilities can use either a symptom-based, time-based or test-based strategy for these decisions. Under the symptom-based strategy, the guidelines for discontinuing isolation and other precautions or for allowing an employee to return to work are:

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
- At least **10** days have passed since symptoms first appeared (prior guidance was **7** days).

The time-based guidelines state that at least 10 days must have passed since the date of the individual's first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If the patient/resident or staff member develops symptoms, then the symptom-based or test-based strategy should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

Full information and guidance can be found in the attached documents.

COVID-19 lab testing FAQs

With the effort to expand testing to more Nevadans and give health officials more information to fight the spread of COVID-19, many health facilities and providers have questions. The Nevada Division of Public and Behavioral Health has created the attached document with frequently asked questions and answers about laboratory testing.

The FAQ address the following issues:

- What is needed for specimen collection?
- How should the specimen be handled and transported?
- What is antibody testing?
- When should antibody testing be used?
- What is needed for specimen collection?
- How should the specimen be handled?
- What is Reverse-Transcriptase Polymerase Chain Reaction (RT-PCR)?
- When should the RT-PCR test be used?

For more information, guidance and resources about the COVID-19 response in Nevada, visit <https://nvhealthresponse.nv.gov/>.



Steve Sisolak
Governor

Richard Whitley, MS
Director



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Lisa Sherych
Administrator

Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19

Who this is for:

Occupational health programs and public health officials making decisions about return to work for healthcare personnel (HCP) with confirmed COVID-19, or who have suspected COVID-19 (e.g., developed symptoms of a respiratory infection [e.g., cough, sore throat, shortness of breath, fever] but did not get tested for COVID-19).

Decisions about return to work for HCP with confirmed or suspected COVID-19 should be made in the context of local circumstances. Options include a symptom-based (i.e., time-since-illness-onset and time-since-recovery strategy) or time-based strategy or a test-based strategy. Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

Return to Work Criteria for HCP with Suspected or Confirmed COVID-19

Symptomatic HCP with suspected or confirmed COVID-19 (Either strategy is acceptable depending on local circumstances):

- Symptom-based strategy. Exclude from work until:
 - ◻ At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
 - ◻ At least 10 days have passed since symptoms first appeared
- Test-based strategy. Exclude from work until:
 - ◻ Resolution of fever without the use of fever-reducing medications and
 - ◻ Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
 - ◻ Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens). Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

HCP with laboratory-confirmed COVID-19 who have not had any symptoms (Either strategy is acceptable depending on local circumstances):

- Time-based strategy. Exclude from work until:
 - ◻ 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based or test-based strategy should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.
- Test-based strategy. Exclude from work until:
 - ◻ Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens). Note, because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.

Note that detecting viral RNA via PCR does not necessarily mean that infectious virus is present.

Consider consulting with local infectious disease experts when making decisions about discontinuing Transmission-Based Precautions for individuals who might remain infectious longer than 10 days (e.g., severely immunocompromised).

If HCP had COVID-19 ruled out and have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

Return to Work Practices and Work Restrictions

After returning to work, HCP should:

- Always wear a facemask for source control while in the healthcare facility until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding universal source control during the pandemic.
 - A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.
 - Of note, N95 or other respirators with an exhaust valve might not provide source control.
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen

Strategies to Mitigate Healthcare Personnel Staffing Shortages

Maintaining appropriate staffing in healthcare facilities is essential to providing a safe work environment for HCP and safe patient care. As the COVID-19 pandemic progresses, staffing shortages will likely occur due to HCP exposures, illness, or need to care for family members at home. Healthcare facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate them, including considerations for permitting HCP to return to work without meeting all return to work criteria above. Refer to the Strategies to Mitigate Healthcare Personnel Staffing Shortages document for information. As part of this, asymptomatic HCP with a recognized COVID-19 exposure might be permitted to work in a crisis capacity strategy to address staffing shortages if they wear a facemask for source control for 14 days after the exposure. This time period is based on the current incubation period for COVID-19 which is 14 days.

Definitions

Cloth face covering: Textile (cloth) covers are intended to keep the person wearing one from spreading respiratory secretions when talking, sneezing, or coughing. They are not PPE and it is uncertain whether cloth face coverings protect the wearer. CDC has guidance available on design, use, and maintenance of cloth face coverings.

Facemask: Facemasks are PPE and are often referred to as surgical masks or procedure masks. Use facemasks according to product labeling and local, state, and federal requirements. FDA-cleared surgical masks are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays.

Respirator: A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators are certified by the CDC/NIOSH, including those intended for use in healthcare.

For the most up to date CDC guidance see [Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19](#).

Steve Sisolak
GovernorRichard Whitley, MS
Director

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 Division of Public and Behavioral Health
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Lisa Sherych
AdministratorIhsan Azzam, Ph.D., M.D.
Chief Medical Officer

Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings

Discontinuation of Transmission-Based Precautions for patients with COVID-19:

The decision to discontinue Transmission-Based Precautions for patients with confirmed COVID-19 should be made using either a test-based strategy or a symptom-based (i.e., time-since-illness-onset and time-since-recovery strategy) or time-based strategy as described below. Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge.

Symptomatic patients with COVID-19 should remain in Transmission-Based Precautions until either:

- Test-based strategy
 - Resolution of fever without the use of fever-reducing medications and
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
 - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens). Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.
- Symptom-based strategy
 - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
 - At least 10 days have passed since symptoms first appeared

Patients with laboratory-confirmed COVID-19 who have not had any symptoms should remain in Transmission-Based Precautions until either:

- Test-based strategy
 - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens). Note, because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.
- Time-based strategy
 - 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

Note that detecting viral RNA via PCR does not necessarily mean that infectious virus is present.

Consider consulting with local infectious disease experts when making decisions about discontinuing Transmission-Based precautions for patients who might remain infectious longer than 10 days (e.g., severely immunocompromised).

Disposition of Patients with COVID-19:

Patients can be discharged from the healthcare facility whenever clinically indicated.

If discharged to home:

- Isolation should be maintained at home if the patient returns home before discontinuation of Transmission-Based Precautions. The decision to send the patient home should be made in consultation with the patient's clinical care team and local or state public health departments. It should include considerations of the home's suitability for and patient's ability to adhere to home isolation recommendations. Guidance on implementing home care of persons who do not require hospitalization and the discontinuation of home isolation for persons with COVID-19 is available.

If discharged to a nursing home or other long-term care facility (e.g., assisted living facility), AND

- Transmission-Based Precautions are still required, they should go to a facility with an ability to adhere to infection prevention and control recommendations for the care of COVID-19 patients. The patient would be placed in a location designated to care for COVID-19 residents.
- Transmission-Based Precautions have been discontinued, but the patient has persistent symptoms from COVID-19 (e.g., persistent cough), they should be placed in a single room, be restricted to their room to the extent possible, and wear a facemask (if tolerated) during care activities until all symptoms are completely resolved or at baseline.
- Transmission-Based Precautions have been discontinued and the patient's symptoms have resolved, they do not require further restrictions, based upon their history of COVID-19.

For the most up to date CDC guidance see [Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings \(Interim Guidance\)](#).

Steve Sisolak
Governor

Richard Whitley, MS
Director



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Lisa Sherych
Administrator

Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings

Who this is for:

Healthcare providers and public health officials managing persons with coronavirus disease 2019 (COVID-19) under isolation who are not in healthcare settings. This includes, but is not limited to, at home, in a hotel or dormitory room, or in a group isolation facility.

For Persons with COVID-19 Under Isolation:

The decision to discontinue home isolation for persons with confirmed or suspected COVID-19 should be made in the context of local circumstances. Options include a symptom-based (i.e., time-since-illness-onset and time-since-recovery strategy) or a test-based strategy. Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

1). Symptom-based strategy

Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
- At least 10 days have passed since symptoms first appeared.

2). Test-based strategy Previous recommendations for a test-based strategy remain applicable; however, a test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing.

Persons who have COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- Resolution of fever without the use of fever-reducing medications and
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens). Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

For Persons Who have NOT had COVID-19 Symptoms but Tested Positive and are Under Isolation:

Options now include both a 1) time-based strategy, and 2) test-based strategy.

1). Time-based strategy

Persons with laboratory-confirmed COVID-19 who have not had any symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based or test-based strategy should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

2). Test-based strategy

Persons with laboratory-confirmed COVID-19 who have not had any symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens). Note, because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.

The symptom-based, time-based, and test-based strategies may result in different timeframes for discontinuation of isolation post-recovery. For all scenarios outlined above, the decision to discontinue isolation should be made in the context of local circumstances.

Note that recommendations for discontinuing isolation in persons known to be infected with COVID-19 could, in some circumstances, appear to conflict with recommendations on when to discontinue quarantine for persons known to have been exposed to COVID-19. CDC recommends 14 days of quarantine after exposure based on the time it takes to develop illness if infected. Thus, it is possible that a person known to be infected could leave isolation earlier than a person who is quarantined because of the possibility they are infected.

This recommendation will prevent most, but cannot prevent all, instances of secondary spread. The risk of transmission after recovery is likely substantially less than that during illness; recovered persons will not be shedding large amounts of virus by this point, if they are shedding at all. Employers and local public health authorities can choose to apply more stringent criteria for certain persons where a higher threshold to prevent transmission is warranted.

For certain populations, a longer timeframe after recovery may be desired to minimize the chance of prolonged shedding of replication-competent virus. Such persons include 1) healthcare personnel in close contact with vulnerable persons at high-risk for illness and death if those persons get COVID-19 and 2) persons who have conditions that might weaken their immune system which could prolong viral shedding after recovery. Such persons should consult with their healthcare provider; this might include additional PCR testing. Prolonged viral shedding has been demonstrated without direct correlation with replication competent virus.

For the most up to date CDC guidance see [Discontinuation of Isolation for Persons with COVID -19 Not in Healthcare Settings](#).

Steve Sisolak
GovernorRichard Whitley, MS
Director

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 Division of Public and Behavioral Health
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Lisa Sherych
AdministratorIhsan Azzam, Ph.D., M.D.
Chief Medical Officer

Laboratory Testing FAQs

What is Reverse-Transcriptase Polymerase Chain Reaction (RT-PCR)?

PCR is a very common scientific technique that has been widely used in both research and medicine to detect genetic information. RT-PCR is a special version used when RNA is being detected. It is being used to detect SARS-CoV-2, the virus causing COVID-19. RT-PCR tests for the presence of the virus RNA. This test is quick, sensitive and reliable.

When should the RT-PCR test be used?

The RT-PCR test is diagnostic and should be used to determine an active infection of COVID-19. Patients that present with symptoms of COVID-19 should have an RT-PCR test performed. This test can only determine if the patient is currently infected at the time of specimen collection, not if they previously had the disease.

RT-PCR performed on a nasopharyngeal swab is the current gold standard for diagnosis of an active COVID infection. Though it is possible that either a throat or nasal swab will be taken for RT-PCR, as these types of specimens have been shown to be of nearly equal quality to nasopharyngeal swabs.

What is needed for specimen collection?

CDC recommends collecting and testing an upper respiratory specimen. The following are acceptable specimens:

- A nasopharyngeal (NP) specimen collected by a healthcare professional; or
- An oropharyngeal (OP) specimen collected by a healthcare professional; or
- A nasal mid-turbinate swab collected by a healthcare professional or by a supervised onsite self-collection (using a flocked tapered swab); or
- An anterior nares (nasal swab) specimen collected by a healthcare professional or by onsite or home self-collection (using a flocked or spun polyester swab); or
- Nasopharyngeal wash/aspirate or nasal wash/aspirate (NW) specimen collected by a healthcare professional.

How should the specimen be handled and transported?

- Specimen is stable for 72 hours at 2-8°C degrees. Long storage times are allowable but will require that the specimen be frozen.
- Specimen must be kept at 2-8°C (refrigerated/cool) or frozen

What is antibody testing?

An antibody test looks for the presence of antibodies, which are specific proteins made in response to infections. Antibodies can be found in the blood of people who are tested after infection and show that people have had an immune response to the infection. Antibody test results are especially valuable for detecting previous infections with few or no symptoms.

However, we do not know if the antibodies that result from SARS-CoV-2 infection will provide someone with immunity from a future infection. If antibodies do provide immunity, we don't know what titer or amount of antibodies would be protective or the duration that protection would last.

When should antibody testing be used?

Antibody testing should **not** be used as the sole basis to diagnose COVID-19. It typically takes 1 to 3 weeks after someone becomes infected with SARS-CoV-2 for their body to make antibodies; some people may take longer to develop antibodies. Depending on when someone was infected and the timing of the test, the test may not find antibodies in someone with an active infection.

Antibody testing is a mechanism to assess previous infection with COVID-19. This testing is important to better understand the level of antibodies needed for protection, the duration of that protection, and the factors associated with whether a person develops a protective antibody response.

Antibody testing is designed and validated to be used for broad-based surveillance and research purposes, to provide information needed to guide the response to the pandemic and protect the public's health. This test is not currently designed for individual use, i.e., to test people who want to know if they have been previously infected with SARS-CoV-2

What is needed for specimen collection?

Specimen Type: Blood Plasma or serum

Blood Collection Tube Type: Mint-top tube (lithium heparin, gel or no-gel tube)

Required Volume (adult): 2 mL plasma

Minimum Volume (pediatric): 1 mL plasma

How should the specimen be handled?

Plasma must be centrifuged within 6 hours of collection. Specimen is stable at 2-8°C for up to 3 days.

If sending whole blood, refrigerated (2-8°C) samples must be received within 2 hours of collection.

Theresa Wickham - Directors Weekly Update

From: Help Desk
To: * *
Date: 5/19/2020 12:26 PM
Subject: Directors Weekly Update
Attachments: MEMO - Update.pdf

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From: Nichole Cordova
To: Help Desk
CC: Christina Leathers; Dena Mantelli
Date: 5/19/2020 12:17 PM
Subject: Directors Weekly Update

Good Afternoon,
Please send the following MEMO to all employees.

thank you,

Nichole Cordova

Human Resources AA III

State of Nevada | Department of Corrections | Human Resources Division

T: [702-486-9914](tel:702-486-9914) | F: [702-486-9974](tel:702-486-9974) | Email: ncordova@doc.nv.gov

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Steve Sisolak
Governor

Charles Daniels
Director



Northern Administration
5500 Snyder Ave.
Carson City, NV 89701
(775) 977-5500

Southern Administration
3955 W. Russell Rd.
Las Vegas, NV 89118
(702) 486-9906

STATE OF NEVADA
Department of Corrections

MEMORANDUM

Date: May 19, 2020

To: All NDOC Staff

Subject: Directors Weekly Update

As we continue to enter into the phases of reopening Nevada, I cannot thank our teams enough for their continued dedication and diligence in supporting the day-to-day operations of NDOC.

Although we have lead the nation in zero inmate positive cases, we have our first confirmed inmate test positive at High Desert State Prison (HDSP).

Warden Johnson, his team, and medical quickly responded in isolating the unit and initiating the trace process.

Additionally, Prison Industries is producing orange face masks that will be distributed to all HDSP inmates with the intent to distribute to other facilities as necessary.

A handwritten signature in blue ink, appearing to read "CD", is written over a horizontal line.

Charles Daniels, Director
Nevada Department of Corrections

Steve Sisolak
Governor

Charles Daniels
Director



STATE OF NEVADA
Department of Corrections

Northern Administration
5500 Snyder Ave.
Carson City, NV 89701
(775) 977-5500

Southern Administration
3955 W. Russell Rd.
Las Vegas, NV 89118
(702) 486-9906

MEMORANDUM

Date: May 12, 2020

To: All NDOC Employees

Subject: COVID-19 Update

As Nevada begins its roadmap to recovery and continues to work under our "new normal," I want to express my appreciation and gratitude to each of you for your continued commitment to public safety.

On Friday, May 8, 2020, Dr. Minev shared the updated COVID-19 symptoms and revised the temperature threshold for a fever to 100 F. Below, is a recap of symptoms to watch for that may indicate the COVID-19 infection:

- cough
- shortness of breath or difficulty breathing
- fever (temperature of 100 or above)
- chills
- repeated shaking with chills
- muscle pain
- headache
- sore throat
- new loss of taste or smell

NDOC's success is due to all of our efforts and endorsement of "when in doubt, keep them out," that has kept NDOC in the lead nationally with zero (0) inmates testing positive for the virus. While we have had 11 employees test positive, it has not prevented staff from pulling together and ensuring that all operations in the Department are completed daily without disruption.

In addition, as of last week, Prison Industries has expanded its PPE and hand sanitizer distribution on a national level.

Thank you again for your continued efforts and not allowing the perfect to be the enemy of the good.

A handwritten signature in black ink, appearing to read "Charles Daniels".

Charles Daniels, Director
Nevada Department of Corrections

Theresa Wickham - COVID-19 Update (May 12, 2020)

From: Help Desk
To: * *
Date: 5/13/2020 9:54 AM
Subject: COVID-19 Update (May 12, 2020)
Attachments: COVID -19 Update for 5-12-2020.pdf

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From: Dena Mantelli
To: Help Desk
CC: Christina Leathers
Date: 5/13/2020 9:47 AM
Subject: COVID-19 Update (May 12, 2020)

Please send the attached memo to all staff.

Thanks,

D. Mantelli

Dena Mantelli, Executive Assistant
Directors Office
State of Nevada / Department of Corrections
Southern Administration/Casa Grande Transitional Housing (CGTH)
Las Vegas NV 89118
(702) 486-9912
dmantelli@doc.nv.gov

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Theresa Wickham - Testing of academy cadets today and Monday

From: Michael Minev
To: Charles Daniels
Date: 5/8/2020 2:44 PM
Subject: Testing of academy cadets today and Monday
Cc: Theresa Wickham; Harold Wickham; Miguel Forero; Christina Leathers; ...

Director Daniels,

Please see CON Wickham's plan of testing for the cadets below. Cadets will be tested for COVID-19 (first swab) this afternoon at FMWCC at 1500 in the parking lot of FMWCC and will receive the second swab on Monday morning at 630 am at building F. As we discussed with DD Wickham, building F will be thoroughly sanitized by a porter wearing full PPE (to include all restrooms, dining areas, desks, door knobs, training equipment, common areas) prior to Monday's class and the cadets will be screened by a nurse prior to entering building F for training in accordance with our established COVID-19 screening protocol. Also building F will need to thoroughly sanitized daily after each class session.

A nurse from either HDSP or SDCC will also supply the 16 cadets with protective masks and hand sanitizer bottles as well as sufficient biohazard bags to dispose of any napkins, tissues, or waste that may be contaminated with respiratory or oral secretions. All cadets will be instructed to socially distance from one another with a minimum of 6 feet and to practice diligent hand washing and hygiene. Also all cadets will be instructed not to visit any other facility other than building F to avoid the risk of exposure. All cadets/instructors will also be instructed to call me immediately at [775-722-8073](tel:775-722-8073) in case they develop any concerning symptoms such as fever, shortness of breath, cough, muscle aches, chills, etc. The screening nurse will go over the concerning symptoms of COVID-19 during the screening process.

In reference to your displeasure with the inability to contact DONS or nursing staff on Fridays, I will have CON Wickham compile a list of phone numbers of all nursing staff for the DONS. This will ensure that we are able to contact relevant nursing staff at your request when needed.

Michael Minev, M.D.
Medical Director
Nevada Department of Corrections
3955 West Russell Road
Las Vegas, NV 89118
Cell: [775-722-8073](tel:775-722-8073)
Office: [702-486-9937](tel:702-486-9937)

This is the way the world ends not with a bang but a whimper.
-T.S. Eliot

Northern Administration
5500 Snyder Ave.
Carson City, NV 89701



Steven Sisolak
Governor

Charles Daniels
Director

G. Najera
Acting Warden

Southern Administration
3955 W. Russell Rd.
Las Vegas, NV 89118

**State of Nevada
Department of Corrections
Florence McClure Women's Correctional Center**

To: FMWCC /JCC Staff
From: G. Najera, Acting Warden *G. Najera*
Date: April 13, 2020
Subject: COVID 19 – FMWCC Overview

First, I would like to say THANK YOU VERY MUCH for your dedication to this field. Correctional Staff is considered essential to ensure public safety. Each and every one of you is very important to the operations of this facility. My priority is to keep staff and inmates healthy, safe and informed of any updates regarding this global epidemic.

This memorandum is to notify staff that this facility has suffered its first confirmed case of COVID 19. A staff member tested positive and has self-isolated. We were informed on Friday evening. As soon as we received this information, we ensured that inmates who had direct contact were medically assessed and moved to the isolation pod. In addition, staff members who had direct contact with this individual were immediately notified and quarantined. The last day this employee came to the facility was April 3, 2020.

This is a global epidemic and we will continue to do everything we can to prevent the spread of the virus inside of this facility. Last week, all staff were issued masks and hand sanitizer. We will continue to use the 10% bleach concentration solution to thoroughly clean surfaces around the facility. Please, DO NOT come to work if you feel sick. Remember, the CDC stated that many individuals have the virus and are ASYMPTOMATIC, meaning they have **NO symptoms**.

The medical staff will continue to be diligent in screening the employees as well as the inmates. I will continue to provide updates and information regarding this global epidemic.

Thank you for your understanding in this matter.

GN

Northern Administration
5500 Snyder Ave.
Carson City, NV 89701
(775) 887-3285

Southern Administration
3955 W. Russell Rd.
Las Vegas, NV 89118
(702) 486-9906



Steve Sisolak
Governor

Charles Daniels
Director

State of Nevada Department of Corrections

To: ALL STAFF

Date: April 6, 2020

From: Harold Wickham, Deputy Director, Operations

A handwritten signature in black ink, appearing to read "Harold Wickham".

Subject: COVID-19 Updates

As you are all aware the Nevada Department of Corrections is in Modified Operations due to COVID-19, thank you all for your flexibility. I would like to clarify some of our most recent proactive responses to this pandemic.

Our Department continues to follow the guidance of the Center for Disease Control (CDC). The CDC has **Recommended** that the general public wear face coverings while in public. At this time as a Department we are recommending face coverings as well. These are **Not Mandatory** but are encouraged. Color, print or design must be consistent with the mission, vision and values of the Department. Surgical/cloth-type face masks are not the same as N95 masks. N95 masks will be reserved for medical and custody staff in specific clinical scenarios and will be worn when, and how directed.

Prison Industries has created and is distributing Personal Protective Equipment (PPE) i.e. mask, gowns and hand sanitizer. Prison Industries are in the process of supplying NDOC staff (not offenders) with protective masks (which may be washed and reused) and hand sanitizer to all our staff and offenders. A detailed inventory of masks and hand sanitizer will be kept at each facility. In regard to "Silver State Sanitizer" this product is for staff and offenders. It is issued in Orange plastic 2 oz. bottles. We need to be very cautious in how we distribute and account for this product to offenders. The product obviously contains alcohol and the bottles can be used for nefarious purposes. We must account for the product and bottles. A detailed inventory of issued masks and hand sanitizer will be kept at each facility. The refill container for those bottles is a controlled security item; it will be kept secured away from inmates under the custody and control of officers only. Initially, Each inmate will sign a properly completed DOC 1773 Inmate Inventory Transfer form indicating the issue of a 2-ounce bottle of Hand Sanitizer. A pre-completed plain paper copy of the DOC 1773 is authorized for this purpose. Once signed, the form will be forwarded to the Property Room for record keeping in the inmate's property file. The initial issue of offender hand sanitizer bottles will also be recorded in the unit's log. For example, "2-ounce bottles of hand sanitizer were issued to each offender in cells A1-48 on XX/XX/XXXX." Offender 2-ounce bottles of hand sanitizer will be refilled **no more** than once per week by unit officers during their housing unit's normally scheduled inmate supply day(s).

Each staff member who receives a Department issued surgical/cloth-type face mask will sign a memorandum generated by an associate warden recording the issue of the surgical/cloth-type face mask. The completed form will be forwarded to HR for record keeping.

I would like to clarify the following:

Every employee will need to be evaluated by nursing staff prior to entering any facility every time even if you were just evaluated at a nearby facility. For example, reports of staff refusing to be evaluated at NNCC after claiming they were evaluated at Building 17 is an example.

Medical observation involves nurse/medical provider monitoring of individuals/inmates either in isolation or quarantine.

Isolation separates sick people with a contagious disease from people who are not sick. We currently have 4 NDOC staff members in isolation at home as they have tested positive for COVID 19.

Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. We currently have 79 inmates on quarantine at HDSP due to their exposure to NDOC staff members who have tested positive for COVID 19.

We realize that your concerns for your families and friends are important and can result in additional stress, if you are experiencing excessive stress please consider reaching out to the **Employee Assistance Program (EAP)**.

We are reviewing and developing contingency plans at all levels for every possible scenario. Town Hall meetings will be conducted Every Tuesday and Friday for every shift. To include e-mails. Keeping you informed is paramount. Once again, thank you for your professionalism and flexibility in providing for the Public Safety.

Theresa Wickham - COVID-19 Updates 040620

From: Help Desk
To: * *
Date: 4/7/2020 8:15 AM
Subject: COVID-19 Updates 040620
Attachments: COVID-19 Updates.pdf

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From: Harold Wickham
To: Help Desk
Date: 4/6/2020 4:47 PM
Subject: COVID-19 Updates 040620

Send to all Staff
Please see attached

Harold J. Wickham

Harold J. Wickham
NDOC Deputy Director of Operations
775 977-5606

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Theresa Wickham - **COVID 19 Travel Advisory for Nevada**

From: Help Desk
To: * *
Date: 4/6/2020 8:18 AM
Subject: **COVID 19 Travel Advisory for Nevada**

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From: Michael Minev
To: Wardens
CC: Executive Staff; Help Desk
Date: 4/5/2020 10:53 AM
Subject: **COVID 19 Travel Advisory for Nevada**

Dear NDOC Staff,

In accordance with Governor Sisolak's travel advisory, all NDOC employees who have traveled outside of the state of Nevada will need to self-quarantine for 14 days prior to returning to work (unless they are commuting from their out of state residence or unless approved by Director Daniels). Employees will be expected to utilize sick time for this period of time.

Thank You,

Michael Minev, M.D.
 Medical Director
 Nevada Department of Corrections
 3955 West Russell Road
 Las Vegas, NV 89118
 Cell: 775-722-8073
 Office: 702-486-9937

Theresa Wickham - **COVID 19 Nursing assessments Night Shift/Off Shift Hours**

From: Michael Minev
To: Wardens; DONS
Date: 4/5/2020 10:42 AM
Subject: **COVID 19 Nursing assessments Night Shift/Off Shift Hours**
Cc: Executive Staff; medical; Calvin Johnson

Dear Wardens and DONS,

A nurse will not be available for an entire night shift/off shift hours for COVID 19 entrance assessments at all facilities.

DONS please provide custody staff with a number to call nursing staff on night shift/off shift hours. This will ensure that a nurse may meet custody staff (or any staff member) for a COVID 19 assessment prior to entrance into the facility during night shift/off shift hours.

Please email me or Theresa Wickham if this plan is not clear.

Thank you.

Michael Minev, M.D.
Medical Director
Nevada Department of Corrections
3955 West Russell Road
Las Vegas, NV 89118
Cell: 775-722-8073
Office: 702-486-9937

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Theresa Wickham - **COVID 19 UPDATE IMPORTANT CLARIFICATIONS**

From: Help Desk
To: *.
Date: 4/3/2020 8:17 AM
Subject: **COVID 19 UPDATE IMPORTANT CLARIFICATIONS**

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From: Michael Minev
To: Wardens; Executive Staff; DONS; medical; Calvin Johnson
CC: Help Desk
Date: 4/2/2020 7:41 PM
Subject: **COVID 19 UPDATE IMPORTANT CLARIFICATIONS**

Dear NDOC Staff,

1. ASSESSMENTS:

All NDOC employees at all facilities will have their temperature taken by either nursing or custody staff upon entry to the facility. The employee ID number of each employee and their temperature value will be recorded in a log prior to entrance. Custody staff will ensure that 6 feet of distance between employees is enforced during screening at facilities.

Employees may be sent home following a brief nurse assessment at the entrance of facilities PRIOR to starting work at their duty station. This assessment will require questions about symptoms such as fever, cough, shortness of breath, wheezing, runny nose etc. Employees are required to cooperate with this assessment and may be provided a protective mask if they are symptomatic. Employees who do not cooperate with this assessment will not be allowed entrance and will be reported to their Appointing Authority.

2. COVID-19 PUI (person under investigation)

Employees found with any 1 of the 3 cardinal symptoms of COVID-19, 1) fever of 100.4 or greater, 2) Shortness of breath and/or 3) Dry cough, will be considered to be a COVID-19 PUI.

3. EXCLUSION:

Following assessment, COVID-19 PUI will be sent home with the expectation that they will obtain clearance from a medical provider, or obtain COVID 19 testing before returning to work. However, if the COVID 19 PUI cannot see a medical provider, or obtain COVID 19 testing, they will need to wait until all of their symptoms have stopped and have not been present for at least 72 hours prior to returning to work.

While at work, employees should monitor themselves and fellow employees for any symptoms such as fever, cough, shortness of breath, wheezing, runny nose etc. Employees who develop any symptoms while at work at their duty station will report them via telephone to their chain of command. These employees will then be considered to be a COVID-19 PUI and will be sent home. For further instructions, see paragraph above.

4. CLOSE CONTACTS of a COVID-19 PUI:

Individuals who have been within 6 feet of a COVID-19 PUI for a prolonged period of time are considered potential Close Contacts. Those individuals will be identified/report their status to their chain of command. They will then be monitored and will report any development of symptoms immediately to their chain of command. They will NOT report to work if any symptoms develop, which will make them a COVID-19 PUI.

5. QUARANTINE:

If a COVID-19 PUI tests positive for COVID 19, the PUI and any close contacts (individuals who have been within 6 feet of the PUI for a prolonged period of time) will need to be quarantined for a full 14 days or after they are no longer sick and remain symptom free for 72 hours.

6. QUESTIONS:

These precautions are based upon CDC recommendations. Please contact me if you have any questions or need clarification.

Michael Minev, M.D.
Medical Director
Nevada Department of Corrections
3955 West Russell Road
Las Vegas, NV 89118
Cell: 775-722-8073
Office: 702-486-9937

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Theresa Wickham - **COVID 19 UPDATE IMPORTANT**

From: Help Desk
To: *.*
Date: 4/1/2020 4:10 PM
Subject: **COVID 19 UPDATE IMPORTANT**

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From: Michael Minev
To: DONS; Executive Staff; Wardens; medical
CC: Calvin Johnson; Help Desk
Date: 4/1/2020 3:37 PM
Subject: **COVID 19 UPDATE IMPORTANT**

Dear NDOC Staff,

In order to maximize the effectiveness of our efforts to control the spread of COVID 19 employees should maintain at least 6 feet of space around themselves at all times. This means that meetings and congregations of employees should be avoided if inadequate spacing is available.

I realize this a challenge in a correctional environment but it must be adhered to. This means that employees may need to stand outside of entrances of our facilities to wait for screening and that congregations of inmates should be avoided to allow for this proper spacing.

I ask that custody staff help in coordinating this effort throughout our facilities.

Michael Minev, M.D.
Medical Director
Nevada Department of Corrections
3955 West Russell Road
Las Vegas, NV 89118
Cell: 775-722-8073
Office: 702-486-9937

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Theresa Wickham - Director Daniels Discusses COVID-19 with staff at facilities across Nevada

From: Help Desk
To: * *
Date: 4/1/2020 1:50 PM
Subject: Director Daniels Discusses COVID-19 with staff at facilities across Nevada
Attachments: Director_Daniels_Discusses_COVID19_wStaff.pdf; IMG_6523.JPG

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From: Scott Kelley
To: Help Desk
Date: 4/1/2020 12:21 PM
Subject: Director Daniels Discusses COVID-19 with staff at facilities across Nevada

Director Charles Daniels Discusses COVID-19 with Staff at Facilities across Nevada

Charles Daniels, Director of the Nevada Department of Corrections, is visiting facilities throughout Nevada to speak with staff about COVID-19 and the department's important role as a public safety agency.

"We're in this together," Director Daniels said during a recent visit to High Desert State Prison (HDSP), which announced on March 26 that one of its staff had tested positive for COVID-19. "We're on the frontlines. The community is counting on our leadership during this pandemic."

During his visit to HDSP, Director Daniels spoke with correctional officers and support staff, watched Surface Sanitation Teams clean surfaces throughout the prison, and toured the unit where the infected staff member had worked.

"Our ongoing public health response was to detect and isolate both staff and offenders who displayed symptoms or tested positive for COVID-19," he said. "We further assessed our contingency plans and modified them to deal with the threat."

Accompanying Director Daniels during his visit to HDSP was Calvin Johnson, Warden at HDSP, who has been on the job less than a week. Johnson rose through the ranks of the Federal Bureau of Prisons, serving in numerous positions to include warden at Oakdale and Pollock penitentiaries in Louisiana, before coming to Nevada.

"It's important for our staff to see the director at the facilities," Johnson said. "It shows that he cares about the challenges our front-line staff face. It's also a chance for us to show the protocols we're taking at HDSP to contain the spread of COVID-19."

Those protocols, which are consistent with national and state health and human services guidance, include:

- The employee self-quarantining at home.
- HDSP offenders being isolated in their cells.
- NDOC medical staff medically observing staff and offenders for signs of the virus, which include coughing, fever, and shortness of breath.
- Surface Sanitation Teams, using a 10% bleach concentration, thoroughly cleaning surfaces throughout HDSP.

Operationally, NDOC has responded to the COVID-19 pandemic by implementing more intensive screening and precautionary measures based on guidance from the U.S. Center for Disease Control and other agencies.

"I'm proud of the work of our custody staff continue to do while executing contingency plans with discipline and professionalism," said Harold Wickham, Deputy Director of Operations. "NDOC will continue to closely monitor the situation at all of our facilities, and work closely with local and state public health officials to ensure the health and safety of staff and offenders."

"I extend my thoughts and empathy to those who have been impacted by COVID-19," Director Daniels added. "This is a challenging time for all of us, and I'm impressed by our response at High Desert State Prison. Further, Emergency Operations Centers have been activated at every institution. Our wardens are conducting separate townhall meetings with the offender population every Tuesday and Friday during each of our primary shifts. NDOC is a public safety agency committed to keeping our communities safe and will continue to man the line during this crisis."

Scott Kelley

Public Information Officer

Nevada Department of Corrections

office 775-887-3309

cell 775-350-0037

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Nevada Department of Corrections

Public Information Office: 775-887-3309
PIO Scott Kelley Cell: 775-350-0037

Press Release

For Immediate Release:
April 1, 2020

Director Charles Daniels Discusses COVID-19 with Staff at Facilities across Nevada

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The Nevada Department of Corrections is committed to building a safer community by striving to incorporate progressive best practices in all aspects of corrections. NDOC houses nearly 14,000 persons with felony convictions in 18 facilities statewide. For more information visit www.doc.nv.gov.

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Visit NDOC's website for more information about the department's pro-active approach to fighting the spread of COVID-19.

###

Theresa Wickham - Director Daniels Discusses COVID-19 with staff at facilities across Nevada

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To: **
Date: 4/1/2020 1:50 PM
Subject: Director Daniels Discusses COVID-19 with staff at facilities across Nevada
Attachments: Director_Daniels_Discusses_COVID19_wStaff.pdf; IMG_6523.JPG

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Scott Kelley

Public Information Officer

Nevada Department of Corrections

office 775-887-3309

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Theresa Wickham - COVID-19 Questions and Information

From: PEBP List Serv <pebnoreply@PEB.NV.GOV>
To: <PEBPLISTSERV@LISTSERV.STATE.NV.US>
Date: 3/23/2020 10:57 AM
Subject: COVID-19 Questions and Information
Bc: Theresa Wickham
Attachments: COVID-19 FAQs for PEBP 3.2020.pdf

The Public Employees' Benefits Program remains committed to the health and wellbeing of our members during this uncertain time. Please see attached message from Healthscope Benefits regarding the Novel Coronavirus (COVID-19) and your health coverage.

PEBP is open with a reduced staff to ensure all members have access to their benefits. For the safety of PEBP members and staff, PEBP will not be providing face-to-face assistance at this time. Members are strongly encouraged to email Member Services by logging into their E-PEBP Portal and clicking on "Contact Us" to send a secure message. If you are unable to log into your account you may email memberservices@peb.nv.gov to request a password reset. Additionally, all upcoming PEBP meetings have been postponed until further notice. PEBP will inform members of any upcoming rescheduled meeting dates.

[Access the PEBPLISTSERV Home Page and Archives](#)

[Unsubscribe from the PEBPLISTSERV List](#)

Theresa Wickham - **COVID 19 UPDATE IMPORTANT**

From: Help Desk
To: * *
Date: 3/31/2020 8:21 AM
Subject: **COVID 19 UPDATE IMPORTANT**
Attachments: COVID-19 Communication Acknowledgment 03-2020.pdf

Please submit signed form to you supervisor.

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From: COVID19 (Christina Leathers)
To: Help Desk
Date: 3/30/2020 6:49 PM
Subject: **COVID 19 UPDATE IMPORTANT**

Please distribute to all employees:

NDOC Staff,

Screening protocol of all employees entering our facilities has changed. At least one nurse (possibly two to four dependent on the size of the institution) will be assigned to the gate house to perform clinical assessments of each employee. We can no longer rely on a fever as the definitive sign of COVID-19. Nurse assessments will include questions regarding upper or lower respiratory symptoms (e.g. cough dry or productive, runny nose, wheezing, difficulty breathing), feelings of fever, and any medications taken (e.g. Tylenol which may mask fever, cough suppressant, or cold medications).

Staff who have these symptoms will be sent home to be evaluated by a medical provider. Employees will need to be symptom free for at least 72 hours prior to returning to work or obtain written documentation to return to work from a medical provider.

Wardens and supervisory staff should direct medical inquiries to the respective onsite medical staff at each institution. Any staff who have called in to work or been sent home that is COVID-19 related must be reported to Michael Minev, Christina Leathers, Theresa Wickham, and Miguel Forero.

IMPORTANT: All employees are required to report anyone with any symptoms of illness immediately to the Emergency Operations Center (EOC) at the institution or Chief of Nursing Services Theresa Wickham for the Carson City Stewart Complex. If you are in doubt, please do not hesitate to call medical at your facility or Medical Director, Dr. Michael Minev at (775-722-8073) .

When in doubt, keep 'em out!

Michael Minev, M.D.
Medical Director
Nevada Department of Corrections
3955 West Russell Road
Las Vegas, NV 89118
Cell: 775-722-8073
Office: 702-486-9937

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Theresa Wickham - Re: Directors Update - COVID-19 2020-03-26

From: Help Desk
To: *.*
Date: 3/26/2020 8:48 PM
Subject: Re: Directors Update - COVID-19 2020-03-26
Attachments: Directors Update - COVID-19 2020-03-26.pdf

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From: COVID19 (Christina Leathers)
To: Help Desk
Date: 3/26/2020 8:35 PM
Subject: Directors Update - COVID-19 2020-03-26
Please send to all employees.

Christina Leathers

Chief of Human Resources

State of Nevada | Department of Corrections | Human Resources Division

T: 702-486-9923 | C: 702-469-4045 | F: 702-486-9974 | Email: cleathers@doc.nv.gov

Putting the "Human" back in Human Resources

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Northern Administration
5500 Snyder Ave.
Carson City, NV 89701
(775) 977-5500

Southern Administration
3955 W. Russell Rd.
Las Vegas, NV 89118
(702) 486-9906



Steve Sisolak
Governor

Charles Daniels
Director

State of Nevada Department of Corrections

March 26, 2020

TO: All NDOC Employees
FROM: Charles Daniels, Director
SUBJECT: COVID-19 UPDATE

As our top priority continues to be the health and safety for all NDOC employees and inmates, this memorandum serves as official notice the agency has suffered its first confirmed case of COVID-19. A staff member at High Desert State Prison reported the confirmed test and has self quarantined.

Upon receiving notice, Warden Johnson directed operations outlined within the agency contingency plans through the Emergency Operations Center (EOC) in an effort to contain and prevent the spread of the virus with the following protocols:

- The employee self-quarantining at home.
- HDSP inmates being isolated in their cells.
- NDOC medical staff will continue observing inmates and staff for signs of the virus, which include coughing, fever, and shortness of breath.
- Surface Sanitation Teams, using a 10% bleach concentration solution will continue to thoroughly clean surfaces at all facilities.

Due to the limited resources available globally, we are now successfully manufacturing masks and gowns to supply the department through the Prison Industries shop at LCC. This will now enable our department to provide HDSP and our other facilities with the supplies necessary.

Rest assured, we will continue to monitor HDSP and all our NDOC facilities to ensure the health and safety of our employees and inmates.

Thank you to each and every one of you for rising to the occasion as we continue to hold the line in the battle against this global threat.

Theresa Wickham - **COVID 19 UPDATE IMPORTANT**

From: Help Desk
To: *.
Date: 3/26/2020 2:55 PM
Subject: **COVID 19 UPDATE IMPORTANT**

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From: Michael Minev
To: DONS; Executive Staff; Wardens; medical; Help Desk
Date: 3/26/2020 2:54 PM
Subject: **COVID 19 UPDATE IMPORTANT**

Dear Staff,

PLEASE READ THE FOLLOWING VERY CAREFULLY.

To address the many gray areas regarding NDOC's quarantine protocol for COVID 19:

- If you are unsure of what to do PLEASE bring your case to either the Assistant Warden, Warden or division head of your facility. The Assistant Warden, Warden, or division head may call me directly at 775-722-8073 to discuss the case so that a quick decision may be made.
-
- If you become sick while at work and feel you have the cardinal symptoms - PARTICULARLY A FEVER OR IF YOU FEEL WARM OR IF YOU FEEL LIKE YOU ARE COMING DOWN WITH A COLD - please **CALL** the medical department at your facility so that a nurse may come to your location to evaluate you.
-
- PLEASE TRY TO SEQUESTER YOURSELF IN A SPECIFIC AREA OF THE FACILITY UNTIL NURSING HAS EVALUATED YOU. This will prevent exposing other staff and inmates. **Nursing will need to wear PPE** and will be expected to take your temperature or vital signs and may place a protective mask on you depending on your symptoms. You may be asked to leave the facility depending on your symptoms.
-

- If asked to leave the facility by nursing staff, be sure to notify your chain of command by telephone and arrange to see a healthcare provider.
-
- Wardens and division heads - if your employees are sent home by nursing staff, be sure to notify Dr. Minev, Miguel Forero and Theresa Wickham via email or by phone call as above.

REMINDER OF NDOC QUARANTINE PROTOCOL:

- The 3 cardinal symptoms of COVID 19 infection are:
 - **Fever of 100.4 or greater**
 - Shortness of Breath
 - Dry Cough
- If you come in close contact (less than 6 feet distance) with an individual who has any 1 of the following 3:
 - 1) has tested positive for COVID 19
 - 2) is currently pending test results for COVID 19
 - 3) displays symptoms of fever of 100.4 or greater and shortness of breath or dry cough
- If you have any of the cardinal symptoms **DO NOT ENTER THE FACILITY**. Or if you develop the cardinal symptoms while at work please follow the directions above.
- You will need to quarantine yourself or you will be directed to go home and quarantine yourself. You will be contacted by NDOC medical staff to determine the appropriate course of action.

Facility to Facility Medical transfers will require a provider to provider call to ensure that we do not unintentionally transfer inmates that may be sick. THIS RULE MUST BE STRICTLY ADHERED TO. DO NOT TRANSFER THE INMATE UNLESS THIS HAS BEEN COMPLETED. IF YOU GET ANY ATTITUDE FROM A PROVIDER PLEASE CALL ME IMMEDIATELY.

Michael Minev, M.D.
Medical Director
Nevada Department of Corrections
3955 West Russell Road
Las Vegas, NV 89118
Cell: 775-722-8073
Office: 702-486-9937

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Theresa Wickham - Director's Update COVID-19 and NDOC Operations

From: Help Desk
To: * *
Date: 3/25/2020 8:08 AM
Subject: Director's Update COVID-19 and NDOC Operations
Attachments: Director's Update.pdf

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From: COVID19 (Christina Leathers)
To: Help Desk
Date: 3/25/2020 7:20 AM
Subject: Director's Update COVID-19 and NDOC Operations

Please send to all employees.

Christina Leathers

Chief of Human Resources

State of Nevada | Department of Corrections | Human Resources Division

T: 702-486-9923 | C: 702-469-4045 | F: 702-486-9974 | Email: cleathers@doc.nv.gov

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Steve Sisolak
Governor

Charles Daniels
Director

State of Nevada Department of Corrections

March 24, 2020

TO: All NDOC Employees
FROM: 
Charles Daniels, Director
SUBJECT: COVID-19 UPDATE AND NDOC OPERATIONS

First, let me extend my gratitude to "YOU" our employees, who have selflessly continued to report for duty, man the line and be there for one another. NDOC has implemented and maintained effective, situationally driven, modified operations as a result of your commitment and resolve during this state of emergency.

Below you will find information portals with articles, data and recommendations designed to keep you current with the latest regarding COVID-19:

- Resources – NDOC continues to rely upon the information received from CDC, WHO, DHHS and FEMA.
 - <https://www.cdc.gov/>
 - https://www.who.int/health-topics/coronavirus#tab=tab_1
 - <https://nvhealthresponse.nv.gov/>
 - <https://www.coronavirus.gov/>

Additionally, I cannot emphasize the basics enough; handwashing, sanitizing and social distancing.

There has been non-stop communication regarding the acquisition and issuance of Personal Protective Equipment (PPE). Agency leadership has been resolute in deploying all strategies to avail each of you to recommended protective equipment. Unfortunately, there is a global shortage of PPE's and you would not be surprised to know that hospitals, health care providers, nursing homes and those who provide care to the very young are priority recipients of those resources.

NDOC leadership and I are diligently working to ensure all concerns are being addressed and we are taking the proper precautionary steps to safely operate our institutions and work camps during these unprecedented times.

As a reminder, we need everyone to adhere to CDC recommendations, to the extent possible, regarding self quarantine. We are continuing to see reports of employees reporting to work despite presenting with flu like symptoms. So, for clarity, if you are sick please stay at home and avoid the unintended consequences of potentially exposing others to an airborne virus or bacterial infection.

If you are at work and start to feel sick, particularly if you feel warm or suspect a fever, please call the medical department and request a medical professional evaluate your symptoms. Further, until an assessment can be

completed, please refrain from moving throughout the facility. This will help mitigate exposing other employees and will limit exposure of the inmates.

The 3 cardinal symptoms of COVID 19 infection are:

- Fever of 100.4 or greater (most important)
- Shortness of Breath
- Dry Cough

If you come in close contact (less than 6 feet distance) with an individual who has any 1 of the following:

- 1) has tested positive for COVID 19
- 2) is pending test results for COVID 19 currently
- 3) displays symptoms of fever of 100.4 or greater and shortness of breath or dry cough

You will need to self quarantine yourself for a full 14 days after your last contact with the individual above.

Your self quarantine will end if the person you came in close contact with tests negative for COVID 19 or 72 hours after that contact is free of fever, shortness of breath or dry cough.

In closing, each and every one of you are first class public safety professionals and have demonstrated strength and perseverance, as we move forward, collectively, to address this global crisis.

I ask that each of you maintain a good, solid, positive can-do attitude and spirit, with the understanding, there is nothing we cannot conquer together. I would ask that each of you push back on posturing, reflecting we can do more to be perfect. In other words do not make the "perfect" the enemy of the "good."

We will continue to do what we believe to be the best interest of our staff and inmates. As we are a public safety organization, we cannot just close our doors and send everyone home. Additionally, there is no 911 call solution for us, we are one anothers 911.

Thank you.

Guidance for Coronavirus Clinical Care in Corrections

March 9, 2020

As of the start of this week (beginning 3/9/2020), there is sustained local transmission in only a few metropolitan areas, and the risk of patients and healthcare workers acquiring the new coronavirus and developing the associated disease (known as COVID-19) is low. Nonetheless, here are some general interim guidelines.

Upon Arrival:

It is vital for everyone's safety – patients and staff – that we quickly identify and isolate patients who could have this new infection. Do not have them wait in the general waiting area. Ideally, the patient will be placed in an exam room immediately.

If a patient:

- Presents with fever and/or cough, please give the patient a surgical mask.
- Has symptoms and has traveled to an area of concern or been exposed to a known case in the last 21 days, clinical staff should perform a prompt assessment.
- Has NOT traveled/been exposed but has a fever or cough, they can stay masked, be cared for as usual.

Regarding the use of masks, healthcare workers should only wear masks during **direct** patient encounters. Clean your hands after discarding your mask. Furthermore, N95 mask use should be restricted to personnel caring for patients at high risk.

Elements of the Clinical Encounter: Remember the basics—vital signs, chief complaint. History, physical.

For respiratory symptoms, what was onset of upper respiratory symptoms, such as rhinorrhea and cough? Is cough productive? Is there fever, subjective or was it measured? Is there shortness of breath? Any diarrhea? Any other symptoms, including ones not typical for COVID-19?

Relevant history: Known contacts? Travel by patient or contacts to hot spots? To check the CDC websites,

Int'l: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

US: <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

Exam—Symptom directed. Wash hands before and after patient contact, warm water and soap, x 20 seconds.

Asymptomatic patients: Wear gloves. Discard after each patient encounter.

If symptomatic: For upper respiratory symptoms--keep patient masked before/after examining nose and mouth.

Use gloves, N95 mask. Depending on symptoms: also use gown/eye shield.

When suspicion of COVID-19 is high: If patient is unstable (e.g., cyanotic, hypotensive, etc.), plan transfer to a local ED; call ahead before the patient arrives.

Disposition: Stable patients with mild influenza-like illness may be sent back to cell separate from general population (either room with door, or when capacity for private infirmary rooms exceeded, dedicated cell block.) They should not be given details putting them in contact with other incarcerated persons.

ICD-10-CM Coding: *Coronavirus infection, unspecified— B34.2*—covers classic and novel coronavirus.

Other considerations: Have a low threshold for calling Board of Health/Health Department for test kits and general up-to-date advice. Note, currently test kits are in short supply: use wisely. Do not forget influenza is currently more common in US than coronavirus. Until this year's flu season ends, vaccinate those who have not been vaccinated. Test for flu as appropriate. Remember influenza is treatable.